



# PROVIDER ENROLLMENT

## TRAINING GUIDE

ENROLL & MANAGE FACILITY / AGENCY / ORGANIZATION  
(FAO)



## REVISION SHEET

Revision Level	Date	Description	Change Summary	Changed By
1	03/24/2008	Initial Release of PE FAO Enrollment Training Guide		



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## GENERAL INFORMATION



## GENERAL INFORMATION

### GENERAL SYSTEM OVERVIEW

CHAMPS is the Community Health Automated Medicaid Processing System. It is the Michigan Department of Community Health's (MDCH) Medicaid Management Information System (MMIS). CHAMPS provides a secure web portal accessible to a wide range of users, including direct provider access.

The Provider Enrollment portion of CHAMPS will address the following:

- Accessing CHAMPS using the MDCH Single Sign-On web page
- Enrolling as a Billing Agent
- Managing Provider Records to make changes after approval of enrollment

### Warning Notice

*CHAMPS contains Electronic Protected Health Information (ePHI). All Protected Health Information (PHI), in any format, must only be used or disclosed as permitted by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable state and federal confidentiality laws.*

*Unauthorized or improper use of this information may result in disciplinary action up to and including termination. MDCH reserves the right to pursue civil or criminal penalties which may include notifying law enforcement officials and regulatory accreditation and licensure organizations.*

*The HIPAA Security Rule requires standards to assure the confidentiality of ePHI. Data that is downloaded should be saved to the network, not your C:drive (hard drive). ePHI data that is transferred should be encrypted using MDCH standards.*

### CHAMPS Hotline Information

Please direct any questions or concerns about CHAMPS to the CHAMPS Hotline.

- Phone – 1-888-643-2408
- E-mail – [CHAMPS@michigan.gov](mailto:CHAMPS@michigan.gov)

### Organization of the Training Guide

This Training Guide covers the following Lessons:






1. Lesson 1 – Access CHAMPS via Single Sign-On (SSO)



2. Lesson 2 – Provider Tab Overview
3. Lesson 3 – Enroll as a Billing Agent
4. Lesson 4 – Manage Provider Record
5. Appendix A – Acronyms and Abbreviations

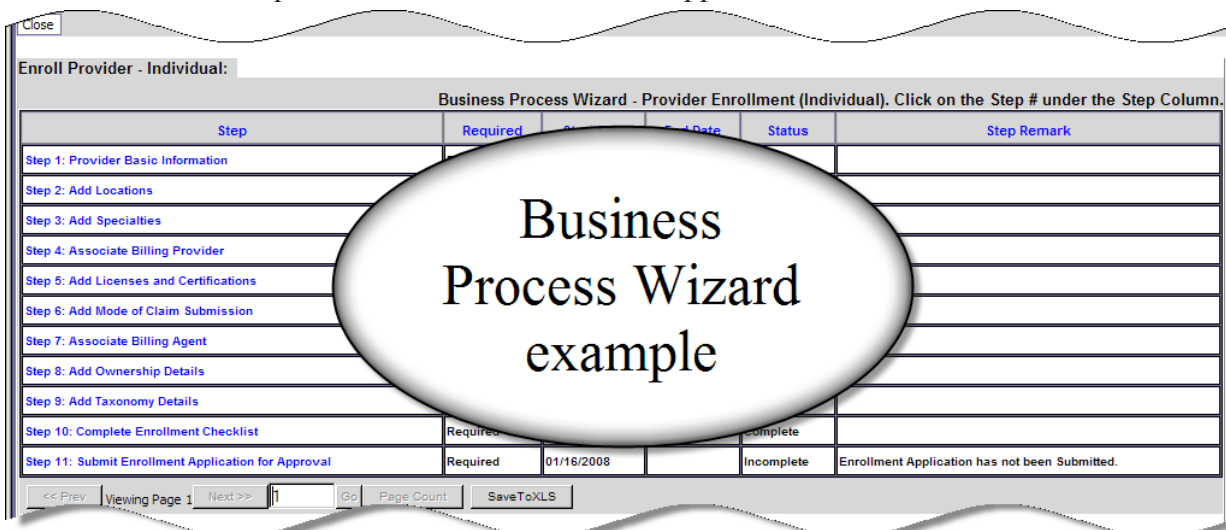
## CHAMPS System Features

### Closing Pages and Windows

**NOTE:** When you need to exit or close web pages or windows in CHAMPS, **ALWAYS** use the , , or any other button available. Do **NOT** use the  button located in the upper-right corner of your page, as this will cause the buttons in CHAMPS to become inactive. If the  button is clicked on accident, press the  key on your keyboard to refresh the screen.

### Business Process Wizard

The CHAMPS Business Process Wizard (BPW) is the nerve center of the Provider Enrollment application. Based on Enrollment Types, the Business Process Wizard will provide required and optional steps needed to complete and submit an enrollment application to the Michigan Department of Community Health (MDCH). The Business Process Wizard will label steps as either Required or Optional. It will also display the date each step was started and completed. The Step Remarks column displays system generated messages with information about what is required based on the enrollment application actions.



Enroll Provider - Individual:

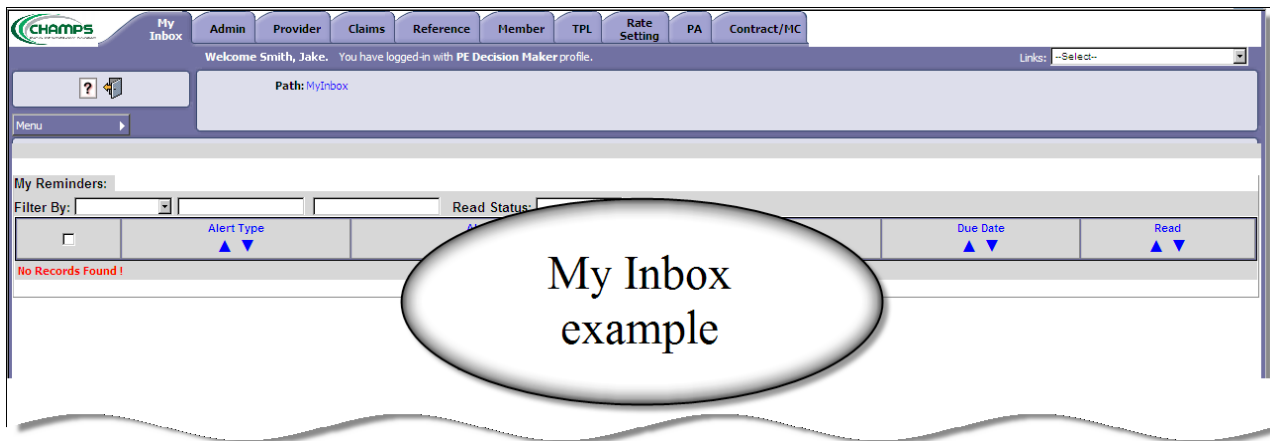
Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	Status	Step Remark
Step 1: Provider Basic Information				
Step 2: Add Locations				
Step 3: Add Specialties				
Step 4: Associate Billing Provider				
Step 5: Add Licenses and Certifications				
Step 6: Add Mode of Claim Submission				
Step 7: Associate Billing Agent				
Step 8: Add Ownership Details				
Step 9: Add Taxonomy Details				
Step 10: Complete Enrollment Checklist	Required		Complete	
Step 11: Submit Enrollment Application for Approval	Required	01/16/2008	Incomplete	Enrollment Application has not been Submitted.

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

## My Inbox

The My Inbox page is accessed by clicking the My Inbox tab at the top of the CHAMPS web application. Just as the name implies, your My Inbox page will display incoming messages transmitted from within CHAMPS. You might also see notifications about your enrollment application here.



## Hyperlinks, Buttons, and Dropdowns

Hyperlinks, buttons, and dropdowns appear throughout CHAMPS and can be used for several purposes. Hyperlinks and buttons are most often used for navigating between pages in CHAMPS.

Hyperlinks will have blue text and are usually underlined. Clicking on a hyperlink will take you to the page. For example, when you click the Complete Enrollment Checklist hyperlink in the Business Process Wizard, CHAMPS will take you to the Enrollment Checklist page.

Buttons can have more than one function. For example, clicking the **Submit** or **Next** button will take you to the next stage of a process. Clicking the **Finish**, **OK**, or **Close** buttons will generally close the page you are on. And clicking the **Save** button will save the information on the page.

Drop-down lists will provide you with options to choose. For example, you could see something simple like “Yes” or “No” choices in a drop-down list. Other drop-down lists will display search choices. A drop-down list may also be used as a way of compressing a list of hyperlink options for a user to use as a navigation tool.



## Filter By

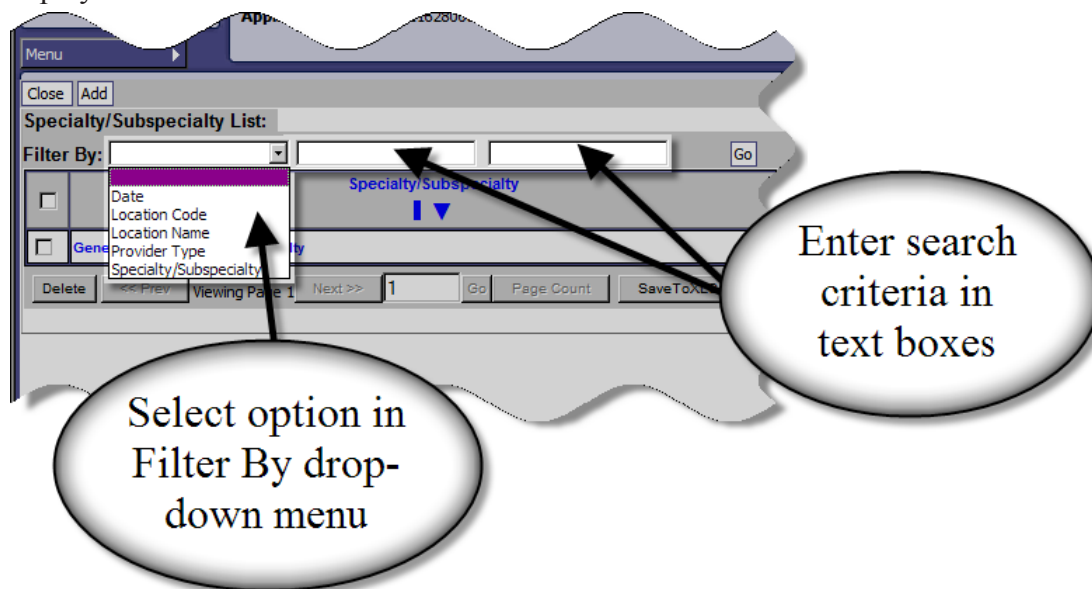
When you access a page in CHAMPS that shows you a list (for example, a list of Specialties/Subspecialties), you have the ability to search for specific items in that list.

The Filter By function provides you with a drop-down list of choices that you combine with text fields to narrow the number of records returned. Each time you select an option in a Filter By field, you need to enter text in the appropriate text box. For example, if you want to Filter By “Date,” you would put specific beginning and end dates in the following text boxes.

**NOTE:** All dates in CHAMPS must be entered using the **MM/DD/YYYY** format.

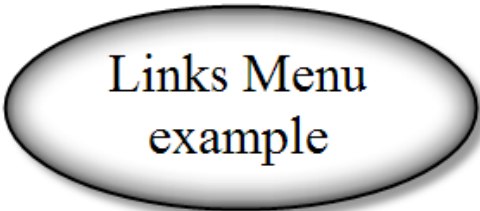
You also have the ability to use a wildcard in your search criteria. This means that you can enter a partial word or value in the text box and follow it with a percent sign (%) to retrieve the records that match the partial word. Because lists often have some kind of default filter on them, you can also use the percent sign (%) by itself to bypass the default filter or to indicate you want to see all of the records that meet your selected Filter By option.

After using the Filter By drop-down menu and entering search criteria in the text boxes, you can click the **Go** button on the screen or press the **You will need your Application ID number to use this function. key** on your keyboard to display the filtered list.

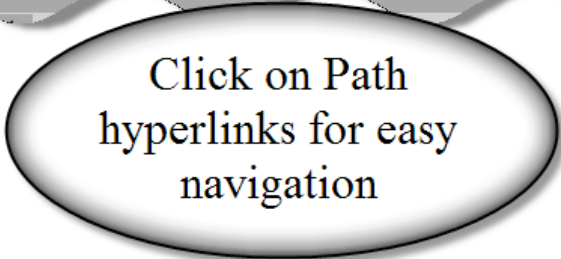


CHAMPS uses software to standardize addresses entered into the CHAMPS system. This software also verifies that addresses are valid. If CHAMPS is unable to validate an address during enrollment or revalidation, verify the address at the United States Postal Service (USPS) website for the correct format and zip code. The address must appear in CHAMPS exactly as it does in the USPS database.

The Links Menu is a drop-down menu providing you with external Internet links that are frequently used in the application process.





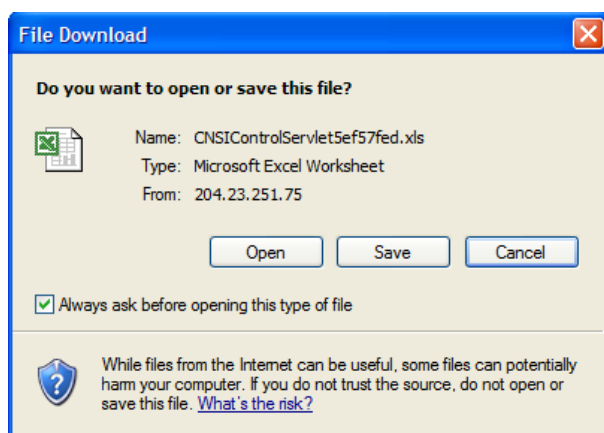
Near the top of the CHAMPS web pages, you will see a hyperlinked path which shows where you are and the path you took to get there. At any time, you have the ability to click on any of the hyperlinks in the path to return to that area.





## Save to XLS

CHAMPS provides you with the ability to save data to an Excel spreadsheet. Click the  button on screen to export data. You will need to disable (turn off) the pop-up blocker in your Internet browser and enable (turn on) the automatic prompting for file downloads to get the Save to XLS function to work. When you click the  button, you should select the **Open** option. You can then, if needed, save the file from the open spreadsheet.



File Download  
example

**Warning Notice:** *The downloaded file may contain Electronic Protected Health Information (ePHI). All Protected Health Information (PHI), in any format, must only be used or disclosed as permitted by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable state and federal confidentiality laws.*



## LESSON 1 – ACCESS CHAMPS VIA SINGLE SIGN-ON (SSO)



## **LESSON 1 – ACCESS CHAMPS VIA SSO**

### **Introduction**

The CHAMPS Web Application resides within the Michigan Department of Community Health (MDCH) Single Sign-On (SSO) website. In order to access CHAMPS, you will need to have a valid SSO account.

### **Lesson Objectives**

In this lesson, you will follow the steps required to log into and access CHAMPS. You will:

- Use the MDCH SSO webpage to subscribe to CHAMPS
- Access CHAMPS after receiving subscription approval

### **Lesson Topics**

- Topic A – MDCH SSO Webpage
- Topic B – Subscribe to CHAMPS
- Topic C – Accessing CHAMPS



## TOPIC A

### MDCH SSO Webpage

To log into CHAMPS, you will need to do the following:

1. Enter the MDCH SSO URL into your Internet browser: <https://sso.state.mi.gov>

You will see the login page:

Department of  
**MDCH** Community Health

Michigan.gov  
An Official State of Michigan Webpage

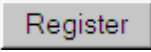
User ID

Password

Login

\* If you do not have a User ID, please click Register

[I forgot my Password](#)

**NOTE:** If you are a first time user, you will need to click the  button to obtain a User ID and Password. You will then need to follow the steps to create an SSO account (detailed SSO Instructions are available on the MDCH website).

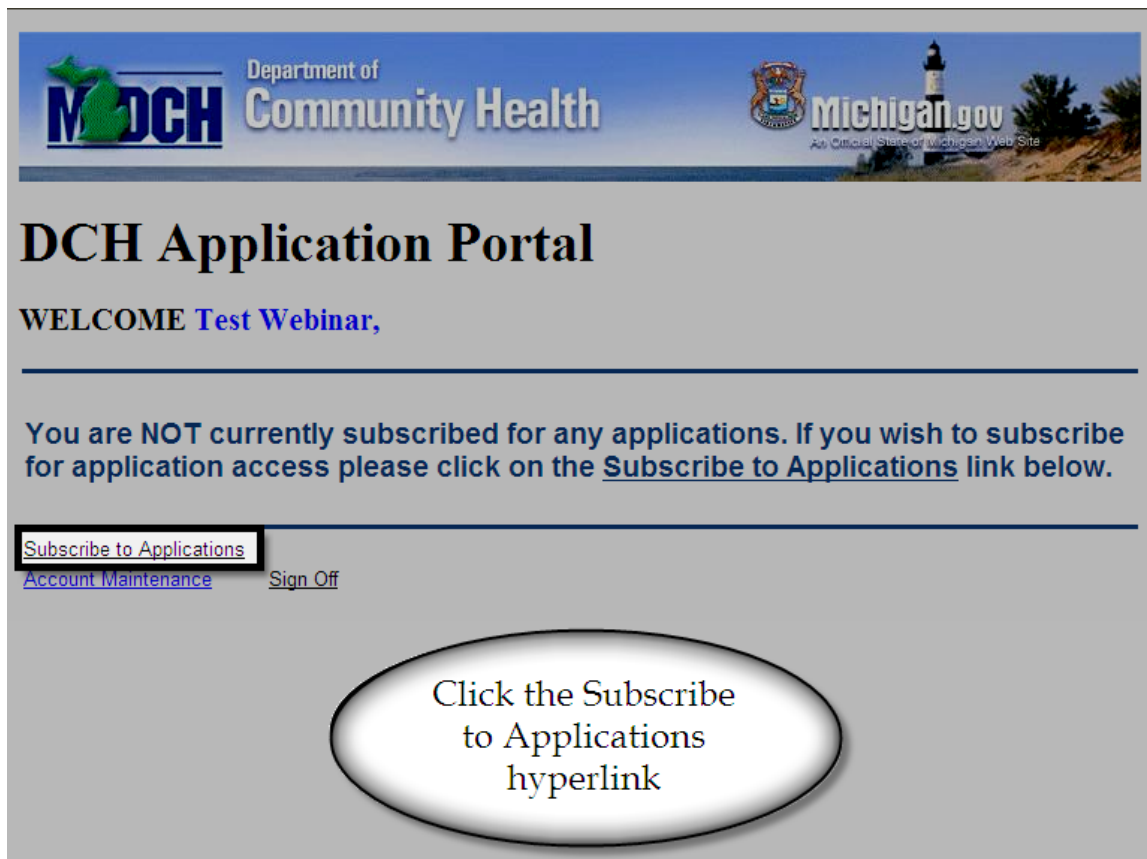
2. Enter your User ID and Password in the appropriate fields and click the  button.



## TOPIC B

### Subscribe to CHAMPS

1. After you have logged into the SSO website, click the Subscribe to Applications hyperlink.





2. You will see a Subscription page. From the drop-down menus, select DCH – CHAMPS from the first drop-down menu and CHAMPS from the second drop-down menu.

MDCH Department of Community Health Michigan.gov

**SUBSCRIPTION**

Please Select from the list

DCH - CHAMPS CHAMPS

Next Back

Copyright © 2002 State Of Michigan, Department of Community Health. All rights reserved

Select DCH-CHAMPS  
and CHAMPS from drop-  
down menus

3. Click the **Next** button. You will receive a message indicating your request is in review.

Your subscription for access to the CHAMPS application should be processed instantly. You will need to log out of the SSO webpage and then log back in. The link will then be available.

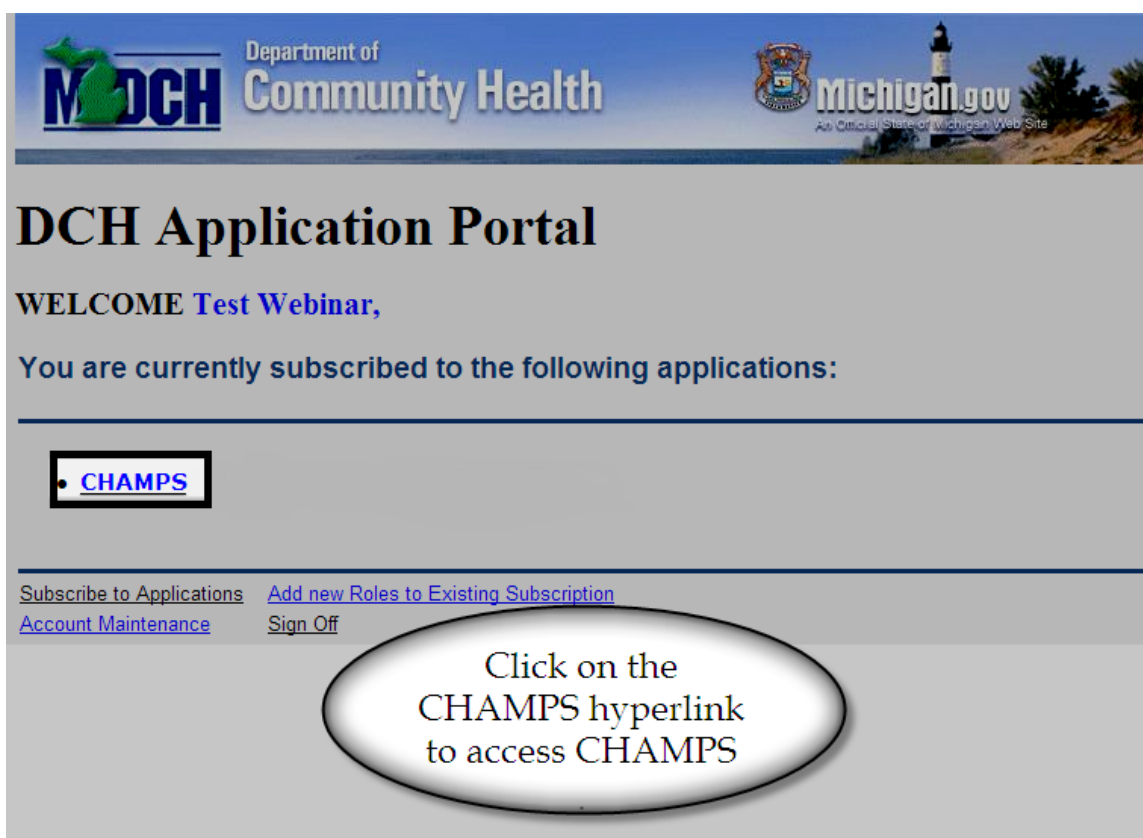


## TOPIC C

### Accessing CHAMPS

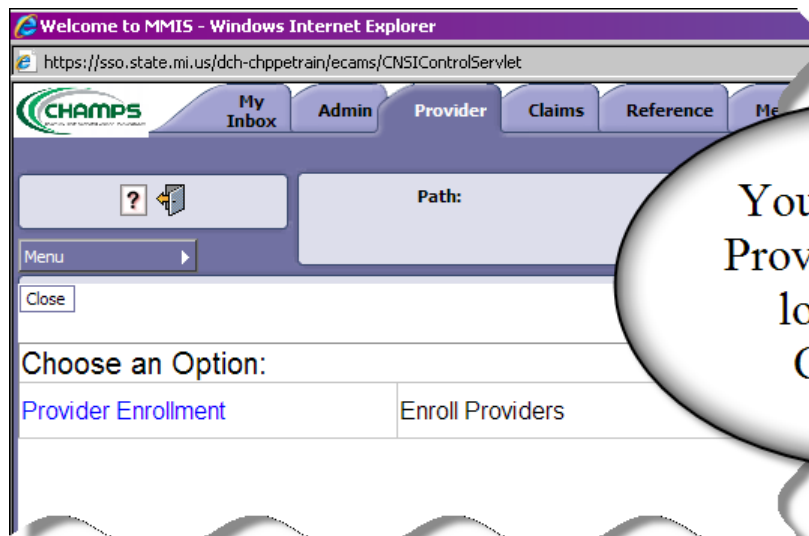
Once your request to access CHAMPS has been approved, you will see the application hyperlink on the MDCH Application Portal web page after you log into the SSO website.

1. Click on the CHAMPS hyperlink.





2. You will see the Provider tab and the available options.



You will see the  
Provider tab after  
logging into  
CHAMPS



## LESSON 2 – PROVIDER TAB OVERVIEW



## **LESSON 2 – PROVIDER TAB OVERVIEW**

### **Introduction**

The Provider Tab on the CHAMPS Webpage gives you options for interacting with Provider enrollment applications and Provider Records. Please note that you may not have privileges in CHAMPS to access all of the options described in this lesson.

### **Lesson Objectives**

In this lesson, you will become familiar with the Provider Tab on the CHAMPS Webpage. You will:

- Access the Provider Tab
- Access the Provider Enrollment hyperlink

### **Lesson Topics**

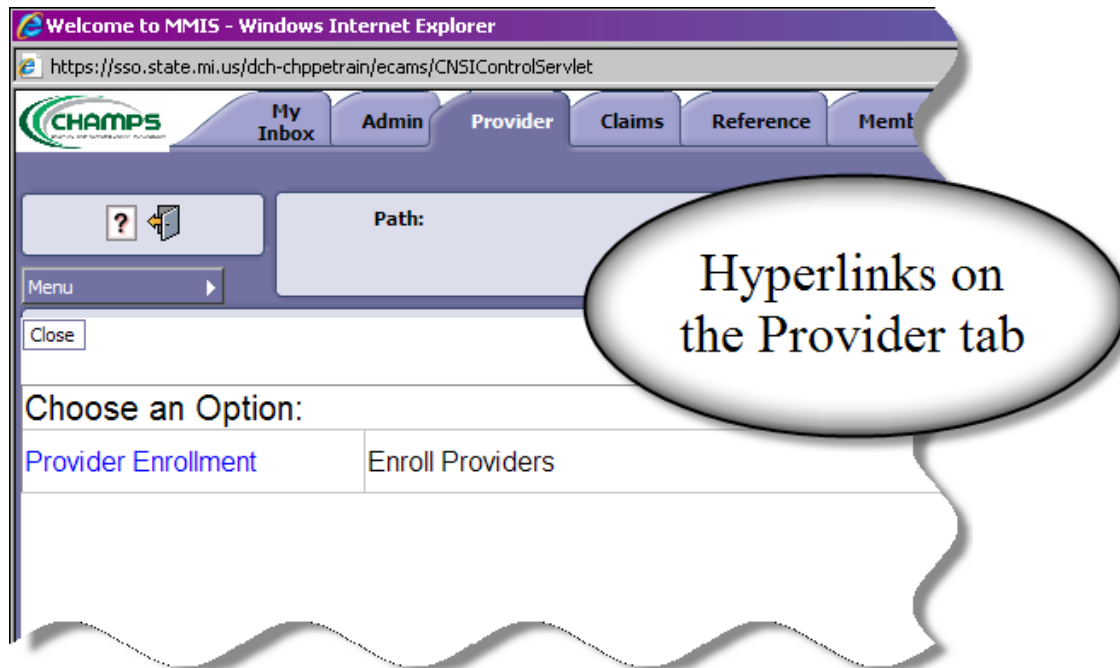
- Topic A – The Provider Tab
- Topic B – The Provider Enrollment Hyperlink



## TOPIC A

### The Provider Tab

When you click the tab labeled Provider, you will see a page with hyperlinks on it.

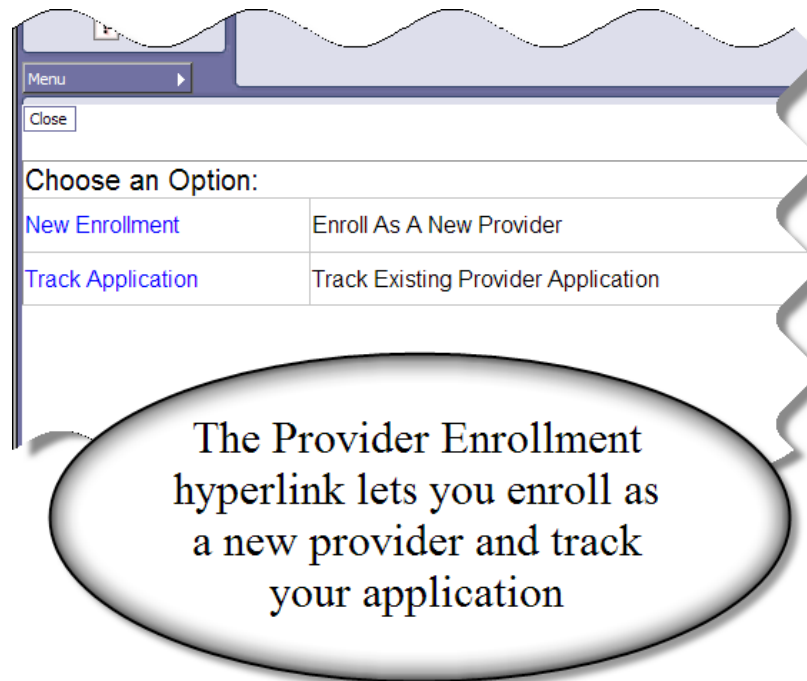


- Clicking the hyperlink labeled **Provider Enrollment** gives you options to begin a new application or track an existing application.

## TOPIC B

### The Provider Enrollment Hyperlink

Clicking the Provider Enrollment hyperlink takes you to a page with two (2) hyperlinks on it.



- Click the **New Enrollment** hyperlink to start the enrollment process as a new provider.
- The **Track Application** hyperlink allows you to modify an enrollment application before it is submitted. You will need your Application ID number to use this function. Applications have to be submitted within thirty (30) calendar days of their start date or they are deleted from the staging area.



## LESSON 3 – ENROLL AS A FACILITY / AGENCY / ORGANIZATION



## **LESSON 3 – ENROLL AS A FACILITY / AGENCY / ORGANIZATION**

### **Introduction**

A Facility / Agency / Organization (FAO) provider is an entity that provides health care services. An FAO includes Hospitals, Nursing Facilities, Laboratories, etc., and has a Type 2 NPI number associated to them.

### **Lesson Objectives**

In this lesson you will learn how to enroll as an FAO. You will:

- Begin the enrollment process
- Add Basic Provider Information
- Add Location Information
- Add Specialties and Subspecialties
- Add Licenses and Certifications
- Add Mode(s) of Claim Submission
- Associate a Billing Agent
- Add Ownership details
- Add Taxonomy details
- Complete the Enrollment Checklist
- Modify an application prior to submitting
- Submit the enrollment application



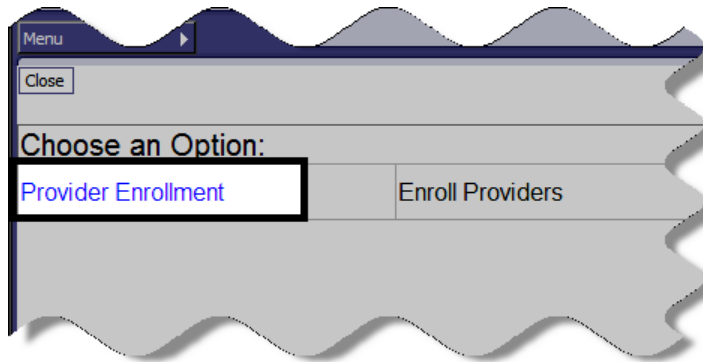
### **Lesson Topics**

- Topic A – Begin Enrollment
- Topic B – Location Information
- Topic C – Specialties and Subspecialties
- Topic D – Licenses and Certifications
- Topic E – Mode of Claim Submission
- Topic F – Billing Agent
- Topic G – Ownership
- Topic H – Taxonomy
- Topic I – Enrollment Checklist
- Topic J – Modify Application in Process
- Topic K – Submit Application

## TOPIC A

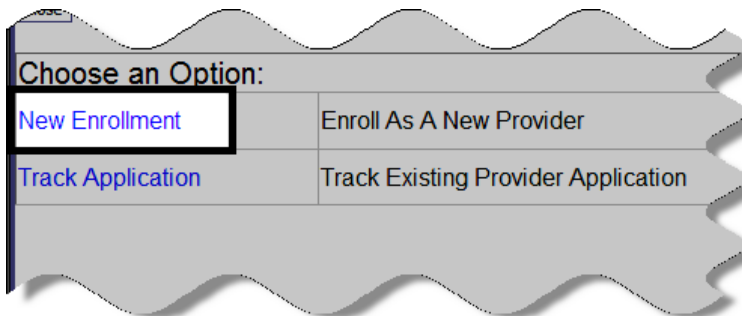
### Begin Enrollment

1. From the Provider tab, click the Provider Enrollment hyperlink.



Click Provider  
Enrollment  
hyperlink

2. Click the New Enrollment hyperlink to begin a new enrollment application.



Click New  
Enrollment  
hyperlink



3. You will see the Enrollment Type selection page. Select Facility / Agency / Organization (FAO-Hospital, Nursing Facility, Various Entities).

Enrollment Type:

- ☐ Individual/Sole Proprietor
- ☐ Group Practice (Corporation, Partnership, LLC, etc.)
- ☐ Billing Agent
- ☒ Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
- ☐ Contractor/MCO
- ☐ Exempt Individual Proprietor

Select Facility / Agency / Organization

4. Click the **Submit** button.
5. You will see the Basic Information page. Complete the required fields, which are marked with an asterisk (\*), and any desired optional fields.

Basic Information: Enter required fields and click Confirm button

Legal Entity Name:  (As shown on the Income Tax Return)

Entity Business Name:  \* (Doing Business As)

EIN/TIN:  \*

NPI:  \*

Enrollment Effective Date:

Contact Email Address:

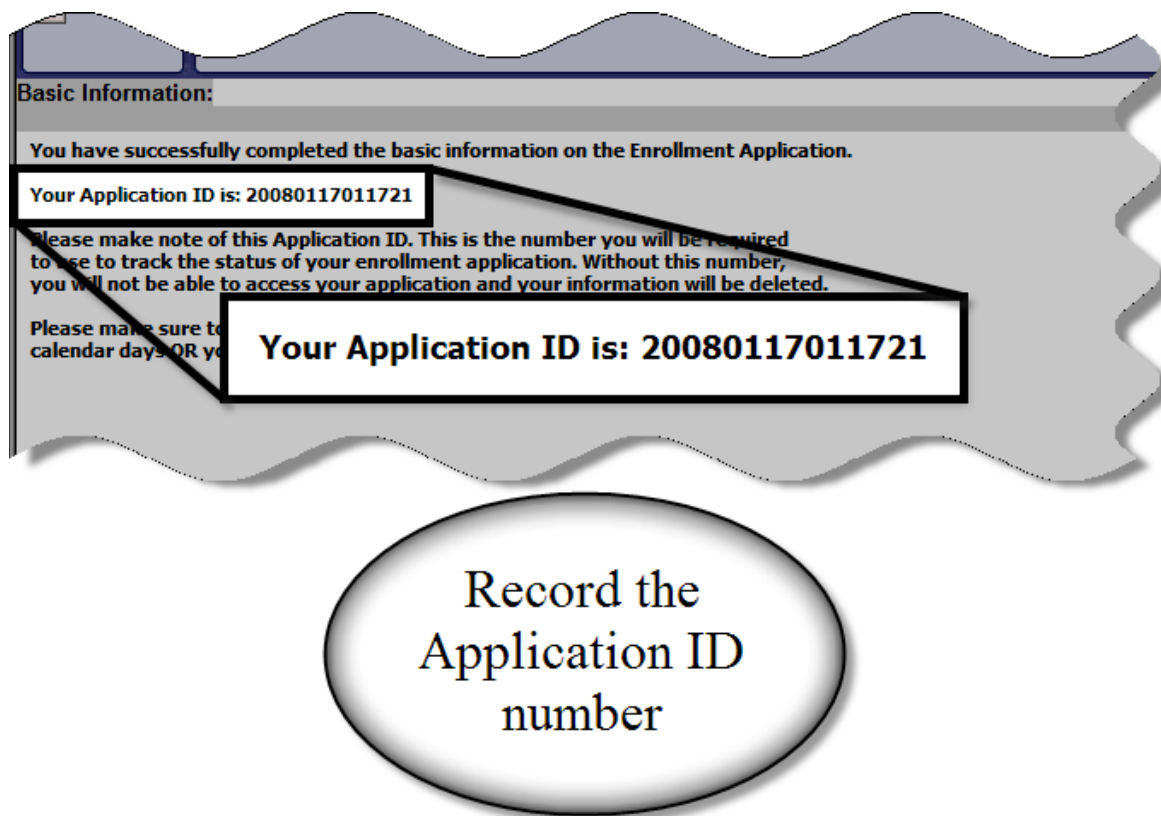
Provider Basic Information page

Confirm Finish Cancel

6. Click the  button. CHAMPS will validate the information you entered.

**NOTE:** If you click the Confirm button without filling in all of the required fields, you will receive an error message.

7. Click the  button.
8. CHAMPS creates an Application ID. Record the Application ID number, as you will need this number to track your application. Click the  button to close the window.





9. The Business Process Wizard page appears with Step 1: Provider Basic Information now marked with a status of Complete. If it is not complete, click the Step 1: Provider Basic Information hyperlink and finish entering details.

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step column.				
Step	Required	Start Date	End Date	Status
<a href="#">Step 1: Provider Basic Information</a>	Required	01/17/2008	01/17/2008	Complete
<a href="#">Step 2: Add Locations</a>	Required			Incomplete
<a href="#">Step 3: Add Specialties</a>				Incomplete

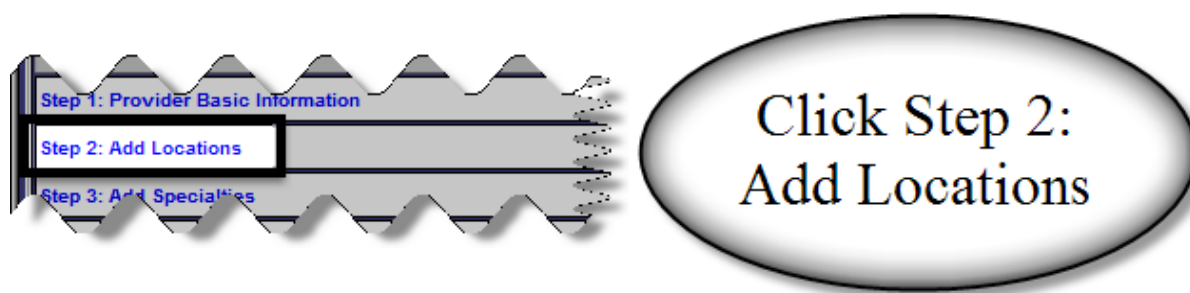
Step 1: Provider Basic  
Information marked  
complete


## TOPIC B

### Location Information

Now that you have added your Basic Information, you need to add your Location Information. To add your Location Information, you need to do the following:

1. From the Business Process Wizard, click the Step 2: Add Locations hyperlink.



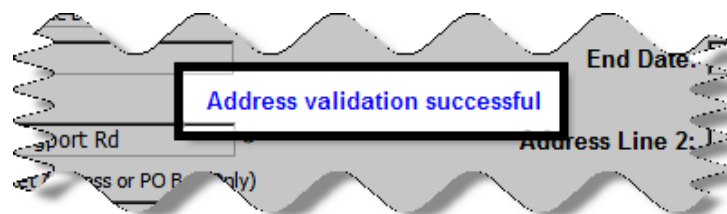
2. You will see the Add Locations page. Click the  button at the top of the page.



- You will see the Add Provider Location page. For the Primary Practice Location, enter the address in the Address Line 1 field and fill in the Zip Code field. Click the **Validate Address** button next to the Zip Code field.


**NOTE:** You cannot use a P.O. Box for a Primary Practice Location.

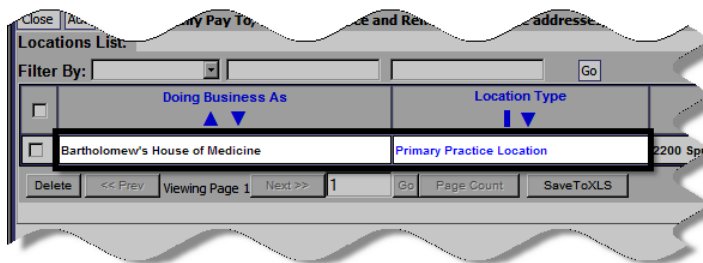
If CHAMPS recognizes the address, you will see a message appear in the middle of the page indicating “Address validation successful.” CHAMPS will also automatically format the address and zip code as well as populate the City/Town, State, County, and Country fields according to USPS standards.



4. You need to complete the remaining required fields, which are marked with an asterisk (\*), and any desired optional fields.

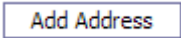
**NOTE:** The End Date field at the top of the screen will default to 12/31/2999 if nothing is entered. Also, if you choose Email as your Communication Preference, the Email Address field becomes required by default.

5. Click the  button at the bottom of the page.
6. You will be returned to the Add Location Details page where the Location address you just added will now appear as a hyperlink labeled “Primary Practice Location.” To add Correspondence, Pay-To, or Remittance Advice addresses to your Primary Practice Location, you need to click on the Location Type hyperlink.



Click Location Type  
hyperlink to add  
other address types

**NOTE:** All Primary Practice Locations MUST have a Pay To and Correspondence address identified. All Other Servicing Locations MUST have a Correspondence address identified. The Pay-to Address applies to all Locations under a single tax ID. The Pay-to address will be pre-populated if the tax ID is already associated with another enrollment. Remittance Advice address is optional for FAO provider types.

7. Clicking the Location Type hyperlink will display the Location Details page. Click the  button near the bottom of the page.



8. The Add Provider Location Address page will appear. Select an option from the Type of Address drop-down menu.

er Location Address

Type of Address: --SELECT--

Location Address: --SELECT--

Address Line 1: (Enter Street Address or P.O. Box Or

Address Line 3:

Province: [ ]

Select Address  
Type from drop-  
down menu

9. If the address type is the same as the Primary Practice Location address, simply select the Copy This Location Address option. CHAMPS will auto-populate the address fields to match the Primary Practice Location.

Type of Address: Copy This Location Address


Location Address: [ ]

Address Line 1: 2200 Springport Rd

Select Copy This  
Location Address if  
same as Primary  
Practice

10. If the Address type is NOT the same as the Primary Practice Location address, fill in the Address Line 1 field and Zip Code field and click the [Validate Address](#) button.

11. When CHAMPS validates the address, click the **OK** button to return to the Location Details Page. Notice the address has been added under the Address List at the bottom of the page.



<input type="checkbox"/>	Address Type	Address
<input type="checkbox"/>	Correspondence	2200 Springport Rd, Jackson, Michigan 49202
<input type="checkbox"/>	Location	2200 Springport Rd, Jackson, Michigan 49202

New Address  
Type added

12. Click the **Add Address** button and repeat the steps above to add additional locations.
13. If you make changes to the Locations Details at the top of the page, click the **Save** button to save the changes.
14. Click the **Close** button at the top of the page to return to the Locations List page.
15. When you have finished adding location addresses, click the **Close** button on the Locations List page to return to the Business Process Wizard.



16. The status for Step 2: Add Locations will be marked as Complete. If it is not complete, click the Step 2: Add Locations hyperlink to finish entering details.

Step	Required	Start Date	End Date	Status	Step 1
Step 1: Provider Basic Information	Required	01/23/2008	01/23/2008	Complete	
Step 2: Add Locations	Required	01/23/2008	01/23/2008	Complete	
Step 3: Add Specialties	Required			Incomplete	

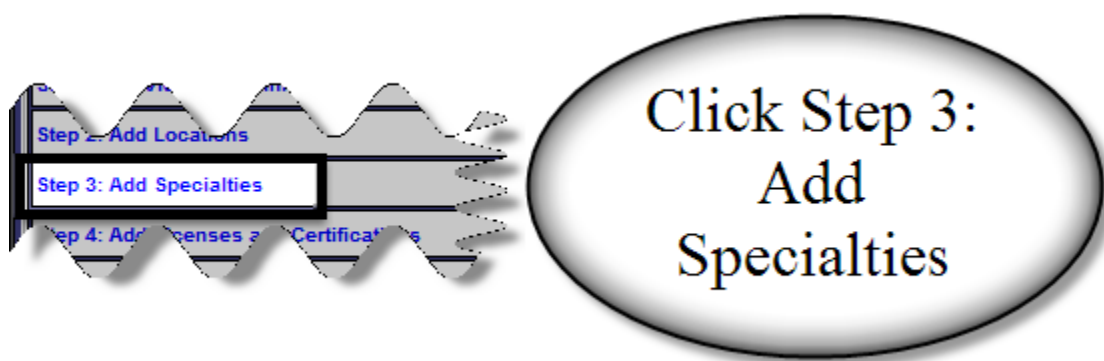
Step 2: Add  
Locations marked  
Complete

## TOPIC C

### Specialties and Subspecialties

After completing the Add Locations step, you now need to add Specialties and Subspecialties.

1. Click the Step 3: Add Specialties hyperlink.



2. You will see the Specialty / Subspecialty List page. Click the  button near the top of the page to add a specialty.



- Click the Provider Type drop-down list and select an option. The Specialty drop-down list will automatically populate with choices based on the Provider Type selected.

Location: 01-Facility Organization Agency \*

Provider Type: --SELECT-- \*

- CLINICS
- ENTITIES
- HOME HEALTH
- HOSPICE
- LABORATORY
- SPECIAL PROGRAMS
- SUPPLIERS
- TRANSPORTATION

Select Provider  
Type from  
drop-down list

- Click the Specialty drop-down list and make a selection.

Location: 01-Facility Organization Agency \*

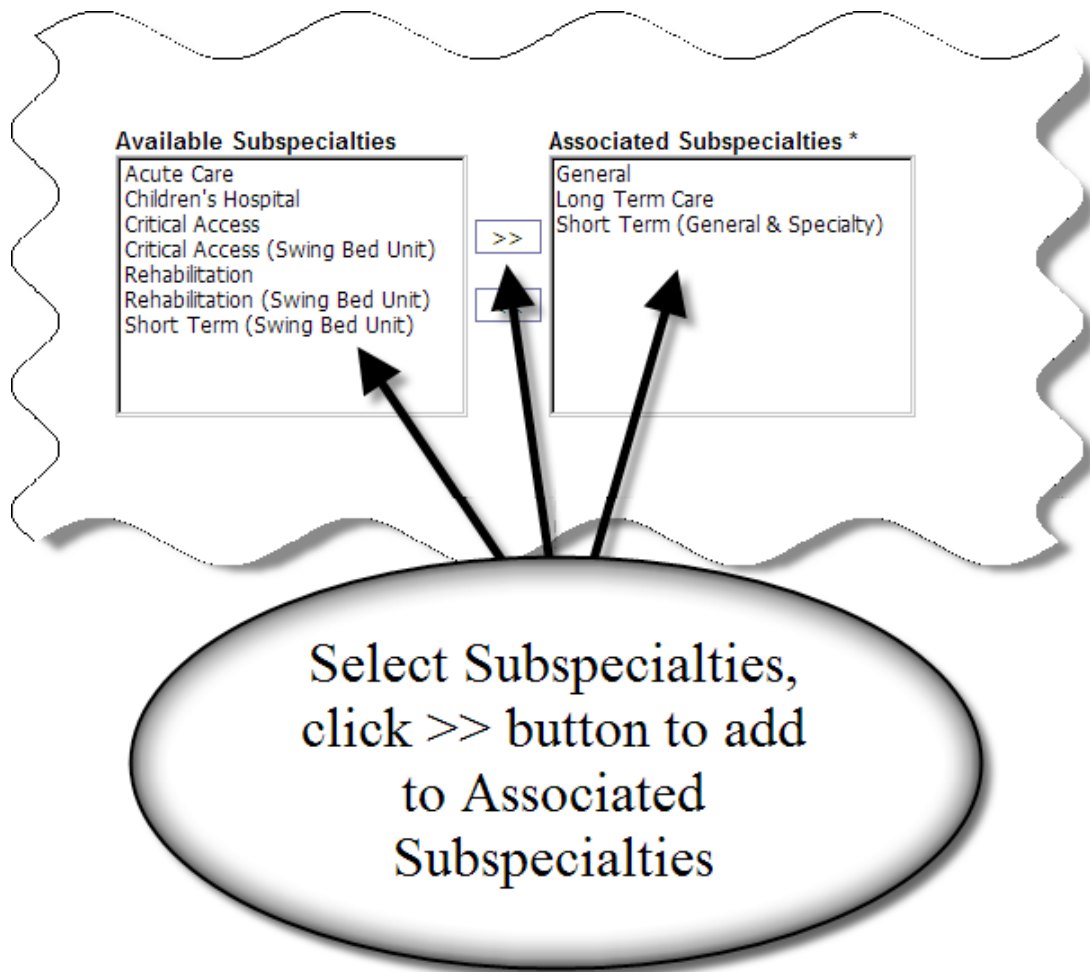
Provider Type: ENTITIES \*

Specialty: --SELECT-- \*

- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Comprehensive Outpatient Rehabilitation Facility (CORF)
- End Stage Renal Facility (ESRD)
- Hospital -- Inpatient
- Hospital -- Outpatient
- Nursing Facility
- Private Duty Agency
- Rehabilitation Agency

Select  
Specialty from  
drop-down list

5. If there are Subspecialties associated with the Specialty you selected, the Available Subspecialties box will be populated with choices associated with that Specialty. Select a Subspecialty from the list and click the  button to add.



6. If there are no Subspecialties associated with the Specialty, the No Subspecialty option will automatically be selected for you.
7. Complete the required fields (marked with an asterisk) and any desired optional fields.



8. Click the **OK** button to close the Add Specialty / Subspecialty window. The Specialty / Subspecialty List page appears and now lists the added information.

<input type="checkbox"/>	Specialty / Subspecialty	Order To
<input type="checkbox"/>	Dermatology/Clinical & Laboratory Dermatological Immunology	PHYSICIANS
<input type="checkbox"/>	Dermatology/Dermatopathology	PHYSICIANS
Delete << Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS		

### Updated Specialty / Subspecialty List

9. Click the **Close** button to close the Specialty / Subspecialty page. You will see the Business Process Wizard with Step 3: Add Specialties marked Complete. If it is not complete, click the Step 3: Add Specialties hyperlink to finish entering details.

Step 1: Provider Information	Required	02/06/2008	02/06/2008	Complete	
Step 2: Add Locations	Required	02/06/2008	02/06/2008	Complete	
Step 3: Add Specialties	Required	02/06/2008	02/06/2008	Complete	
Step 4: Add Licenses and Certifications	Required			Incomplete	Please add required

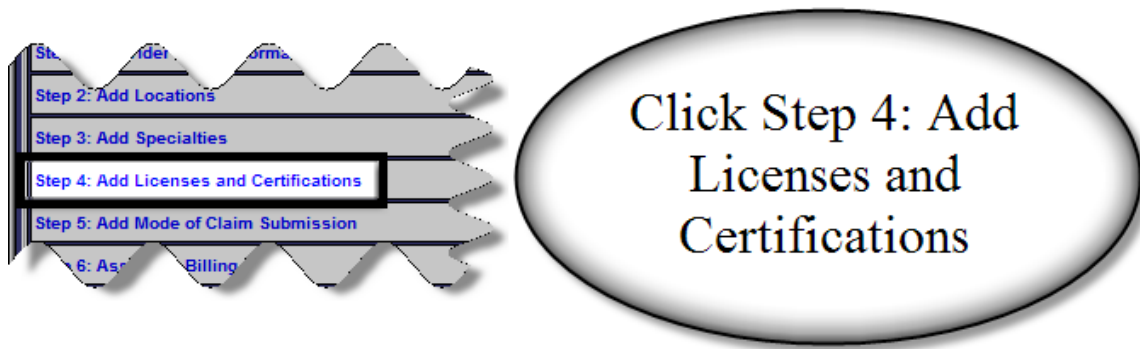
### Step 3: Add Specialties marked Complete

## TOPIC D

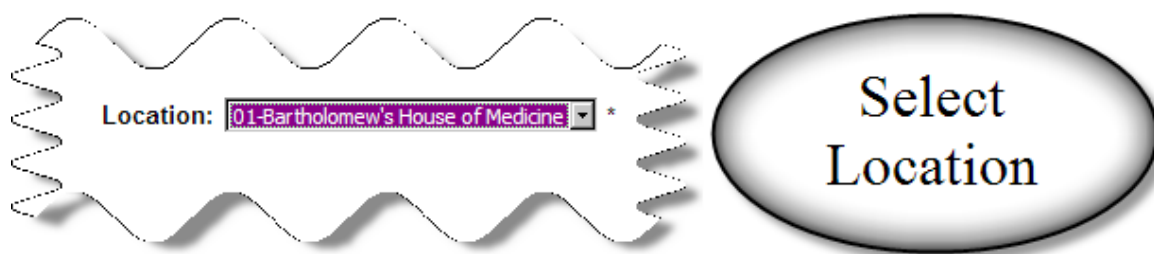
### Licenses and Certifications

The next thing you need to do is add your License and Certification information.

1. Click the Step 4: Add Licenses and Certifications hyperlink.

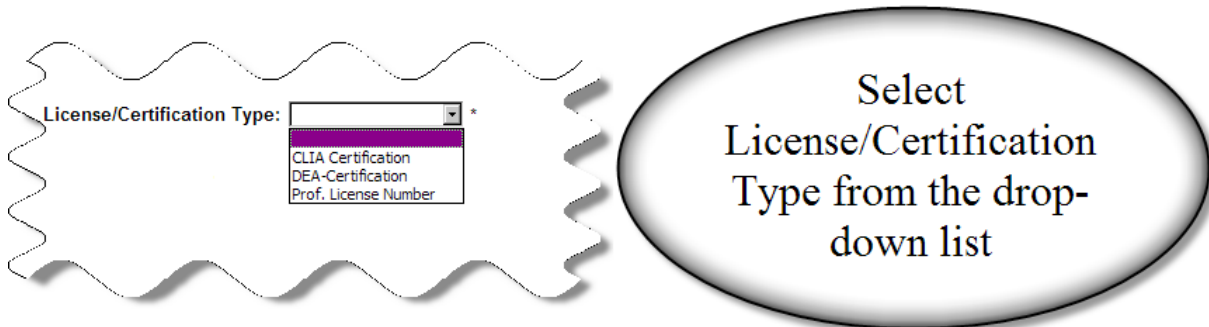


2. You will see the License / Certification List page. Click the [Add](#) button near the top of the page.
3. You will see the Add License / Certification page. Select the Location from the Location drop-down list.





- Select an option from the License / Certification Type drop-down list.



- Complete the remaining required fields (marked with an asterisk) on the page and click the  button.
- Click the  button to close the Add License/Certification page.
- You will see the License/Certification List page appear with the added information.

<input type="checkbox"/>	License/Certification Type ▲ ▼	License/Certification # ▲	Location ▲ ▼	Valid ▲ ▼
<input type="checkbox"/>	Prof. License Number	5501012496	01-Bartholomew's House of Medicine	Yes

Below the table are navigation controls: Delete, << Prev, Viewing Page 1, Next >>, 1, Go, Page Count, and SaveToXLS.

License  
Certification List  
updated

8. Click the  button to return to the Business Process Wizard. You will see Step 4: Add Licenses and Certifications marked Complete. If it is not marked complete, click the Step 4: Add Licenses and Certification hyperlink and finish entering details.

Step 2: Add Billing Information	Required	02/06/2008	02/06/2008	Complete
Step 3: Add Specialties	Required	02/06/2008	02/06/2008	Complete
Step 4: Add Licenses and Certifications	Required	02/06/2008	02/06/2008	Complete
Step 5: Add Mode of Claim Submission	Required			Incomplete
Associate Billing Information				Complete

Step 4: Add Licenses  
and Certifications  
marked Complete

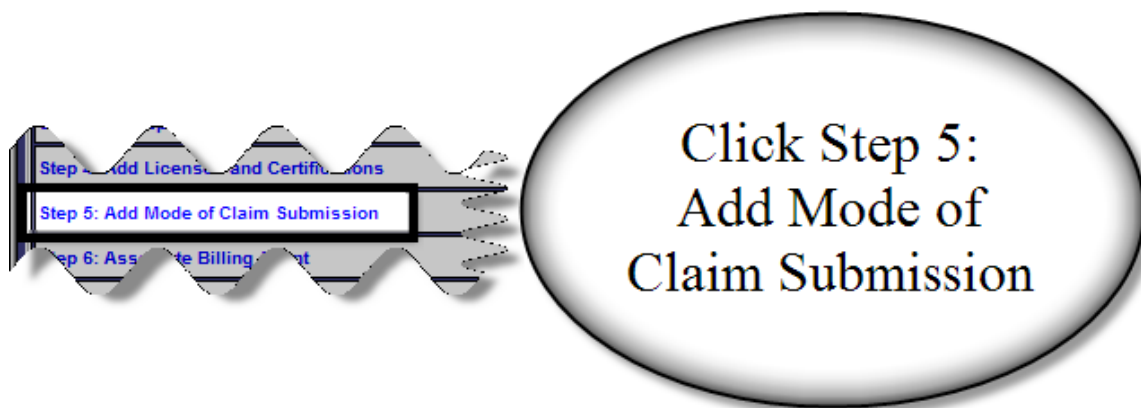


## TOPIC E

### Mode of Claim Submission

The next step is to indicate to the State how you are going to submit your Medicaid claim forms.

1. Click the Step 5: Add Mode of Claim Submission hyperlink.



2. The Mode of Claim Submission page will appear. Select the desired Mode(s) of Claim Submission.

Claim Submission Details: You may check multiple Modes of Claim Submission.

Identify Claim Submission Details.

Mode of Claim Submission: ☐ Data Exchange Gateway (DEG) ☐ Electronic Batch  
☐ Billing Agent ☐ Online Direct Data Entry (DDE) ☐ Paper

Select at least one (1) Mode of Claim Submission



**NOTE:** At least one (1) Mode of Claim Submission must be selected and you can select multiple modes.

If you attempt to submit claims using a method you have not selected here, your claims will be rejected.

### **Mode of Claim Submission Descriptions**

Below is a description of the Mode of Claim Submission options:

**Data Exchange Gateway (DEG):** This is the current method that Billing Agents use when submitting an electronic 837 batch of Claims.


**Electronic Batch:** This option in the CHAMPS system allows Billing Agents and Providers to submit electronic 837 batches without using the DEG.

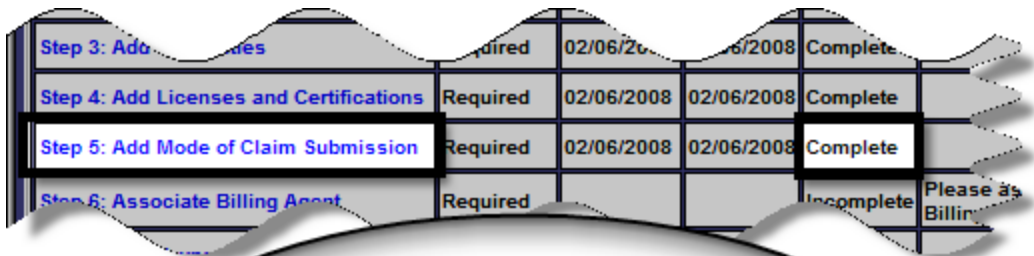
**Online Direct Data Entry (DDE):** This option in the CHAMPS system allows a Provider to enter one claim at a time directly into the system.

**Billing Agent:** This option must be selected if you choose to have a Billing Agent submit claims for you. **NOTE:** If you select Billing Agent mode, the Billing Agent step will change from Optional to Required on the Business Process Wizard.

**Paper:** Choose this option if you will be submitting paper claims to MDCH for processing.



3. Click the button  to close the Mode of Claim Submission window. The Business Process Wizard will appear with Step 5: Add Mode of Claim Submission now marked Complete. If it is not complete, click the Step 5: Add Mode of Claim Submission hyperlink to finish entering details.



Step 3: Add ...	Required	02/06/2008	02/06/2008	Complete
Step 4: Add Licenses and Certifications	Required	02/06/2008	02/06/2008	Complete
Step 5: Add Mode of Claim Submission	Required	02/06/2008	02/06/2008	Complete
Step 6: Associate Billing Agent	Required			Incomplete

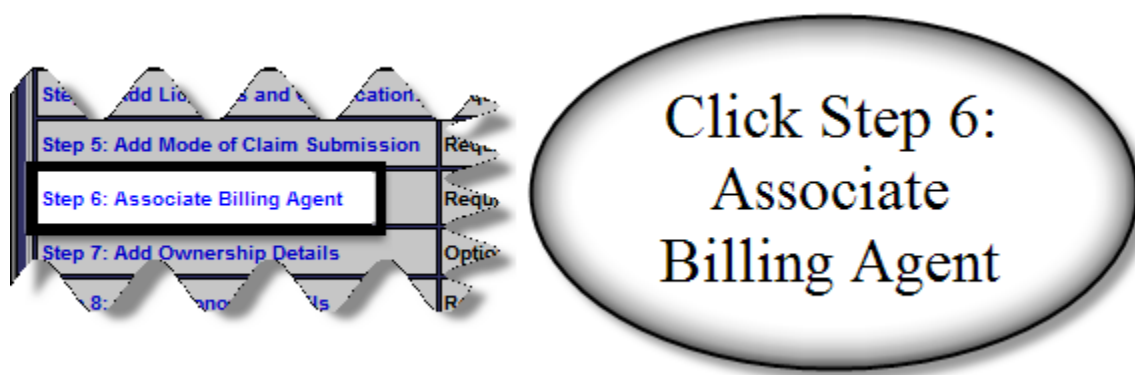
Step 5: Add Mode  
of Claim Submission  
marked Complete

## TOPIC F

### Billing Agent

**NOTE:** The following steps are only **Required** if Billing Agent was selected as a Mode of Claim Submission.

1. Click the Step 6: Associate Billing Agent hyperlink on the Business Process Wizard.



2. You will see the Billing Agent List page. Click the  button.

**NOTE:** The Billing Agent must already be entered and approved in the CHAMPS system in order for a Provider to associate it to their application.



- The Associate Billing Agent window will appear. If you know the Billing Agent ID number, enter it in the Billing Agent ID field.

Billing Agent ID:  \*

- Click the  button. CHAMPS will verify the information you entered and refresh the page, filling in the Association Start Date and Association End Date fields as well as the Billing Agent Name.

Click on  to search for a Billing Agent. Confirm the Billing Agent entered.

Billing Agent ID:  \*      Billing Agent Name: Plfkhooh"v Eloolqj Djhq

Association Start Date:  \*      Association End Date:

Authorized Transaction Responses:

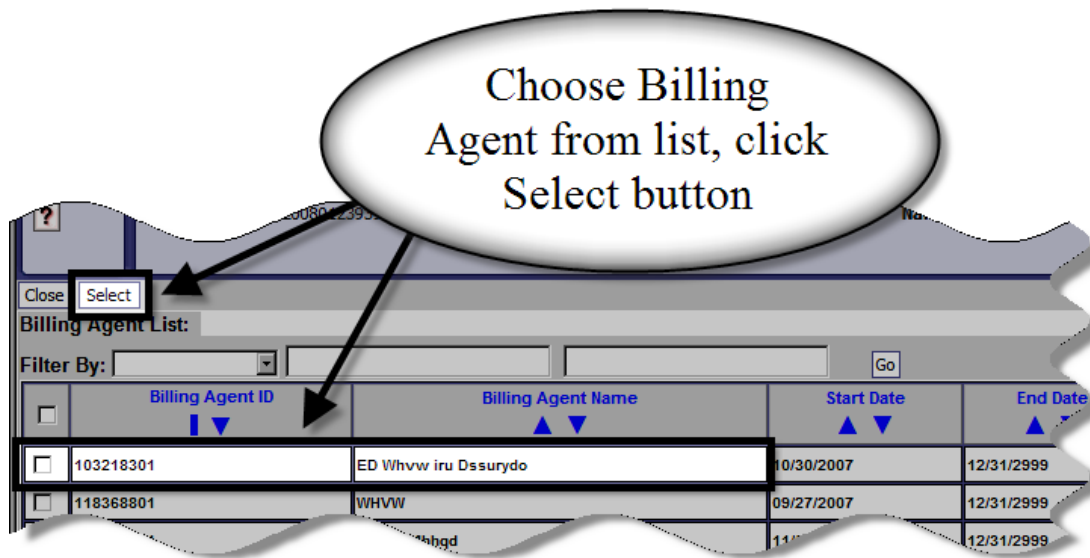
Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

- Providers may select the Authorized box to authorize a Billing Agent to receive the 835, electronic remittance advice.

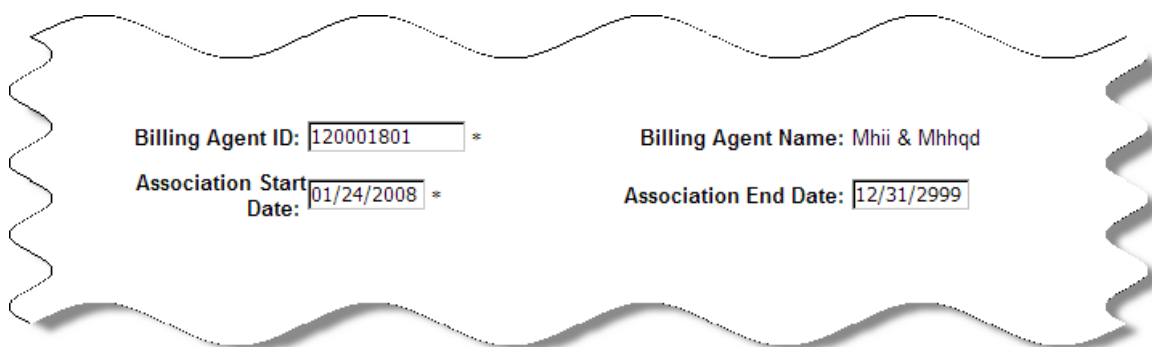
**NOTE:** Only one Billing Agent can receive the 835 per Tax ID. If a Billing Agent is already on file to receive the 835 for your Tax ID, the 835 authorization area will not allow any changes. In order to change the 835 Billing Agent authorization on file, please e-mail [AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov).

- If you do NOT know the Billing Agent ID number, click on the  button.

7. The Search Billing Agent List window will display. You can use the Filter By function to narrow the records in the list. Select the Billing Agent from the list by clicking on the checkbox to its left and click the **Select** button.



8. The Search Billing Agent window will close and the Associate Billing Agent page will refresh. CHAMPS will fill in the Association Start Date and Association End Date fields as well as the Billing Agent Name.



Billing Agent ID: 120001801 \*

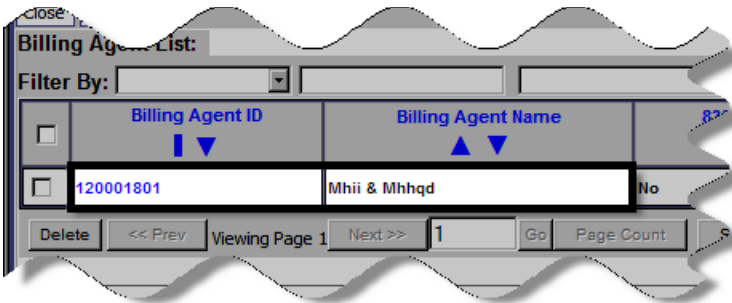
Billing Agent Name: Mhii & Mhhqd

Association Start Date: 01/24/2008 \*

Association End Date: 12/31/2999




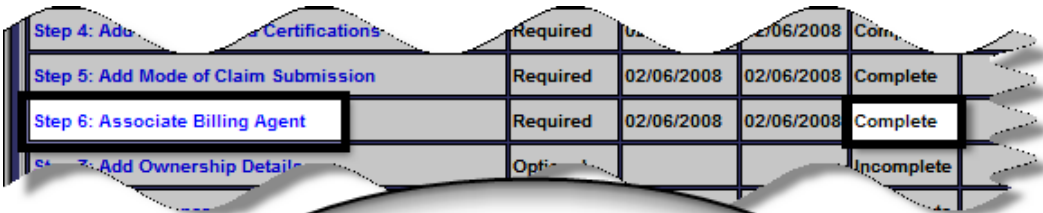
9. Click the  button. The Associate Billing Agent window will close and the Billing Agent List will update to reflect the new Billing Agent.



Billing Agent ID	Billing Agent Name	
120001801	Mhii & Mhhqd	No

Billing Agent  
List updated with  
new information

10. Click the  button to return to the Business Process Wizard. You will see Step 6: Associate Billing Agent marked as Complete. If it is not complete, click the Step 6: Associate Billing Agent hyperlink to finish entering details.



Step	Description	Required	Start Date	End Date	Status
Step 4: Add Certifications		Required	02/06/2008	02/06/2008	Complete
Step 5: Add Mode of Claim Submission		Required	02/06/2008	02/06/2008	Complete
Step 6: Associate Billing Agent		Required	02/06/2008	02/06/2008	Complete
Step 7: Add Ownership Details		Optional			Incomplete

Step 6: Associate  
Billing Agent  
marked Complete

## TOPIC G

### Ownership

The next step you need to complete is to add ownership details to your enrollment application.

1. Click the Step 7: Add Ownership Details hyperlink.





- You will see the Owners List page appear. On it will be two sections. The top section allows you to list each individual and/or entity that constitutes 5% or more share of ownership in this Facility / Agency / Organization. The bottom section allows the provider to list ownership interests in other entities reimbursable by Medicaid and/or Medicare.

Application ID: 20080206046567 Name: Bob Squarepants & Sons

Menu

Close

Owners List:

Add

Filter By: [dropdown] [input] Go

<input type="checkbox"/>	Owner SSN/EIN/TIN ▲▼	Owner Information ▲▼	Owner Type ▲▼	Start Date ▲▼	End Date ▲▼
No Records Found !					

Add Other Owned Entity

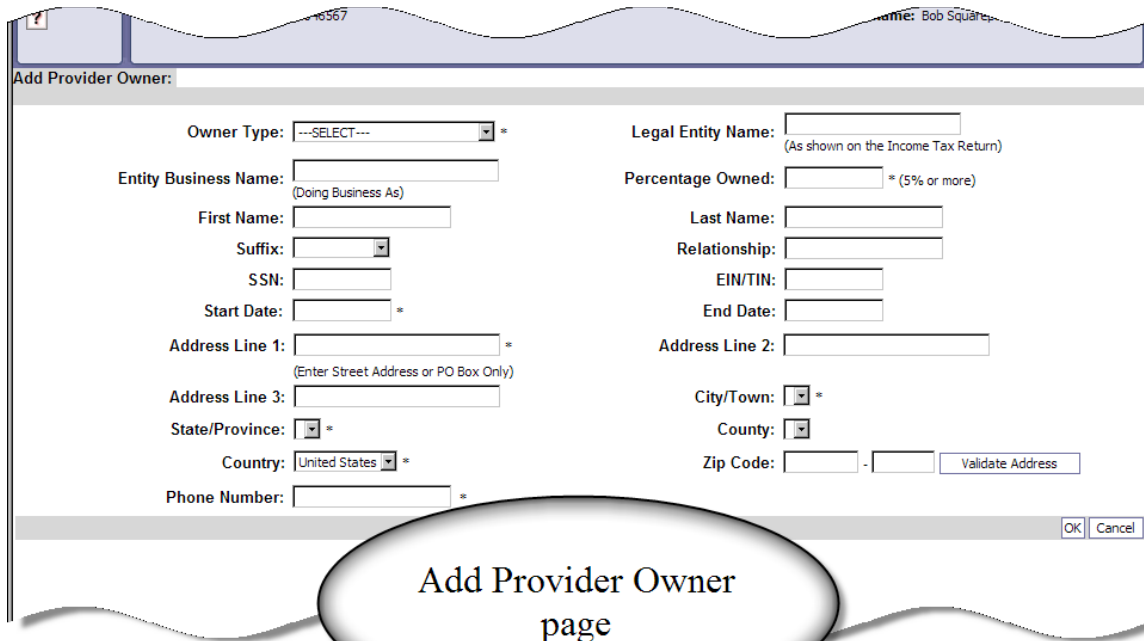
List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Filter By: [dropdown] [input] Go

<input type="checkbox"/>	Entity EIN/TIN ▲▼	Legal Entity Name ▲▼	Entity Address ▲▼
No Records Found !			

Owners List page

- Click the **Add** button to enter Ownership in this Group Practice. You will see the Add Provider Owner Page appear. Select Owner Type from the drop-down list.



**Add Provider Owner:**

Owner Type:  \*

Entity Business Name:  (Doing Business As)

First Name:

Suffix:

SSN:

Start Date:  \*

Address Line 1:  \* (Enter Street Address or PO Box Only)

Address Line 3:

State/Province:  \*

Country:  \*

Phone Number:  \*

Legal Entity Name:  (As shown on the Income Tax Return)

Percentage Owned:  \* (5% or more)

Last Name:

Relationship:

EIN/TIN:

End Date:

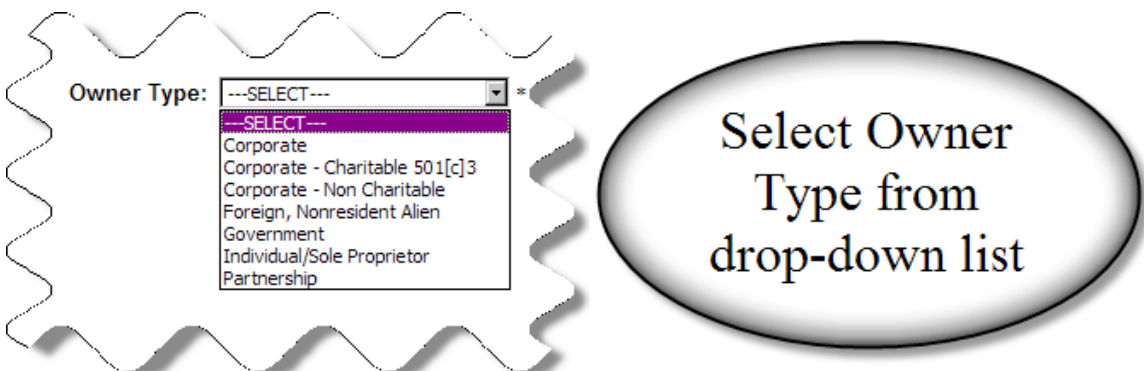
Address Line 2:

City/Town:  \*

County:

Zip Code:  -

**Add Provider Owner page**



Owner Type:  \*

- SELECT---
- Corporate
- Corporate - Charitable 501[c]3
- Corporate - Non Charitable
- Foreign, Nonresident Alien
- Government
- Individual/Sole Proprietor
- Partnership

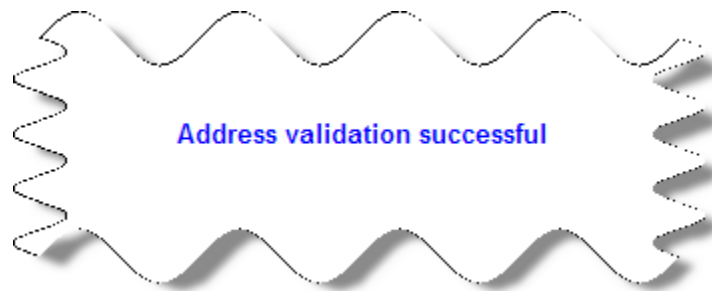
**Select Owner Type from drop-down list**



4. Complete the Address Line 1 field and the Zip Code field. Click the **Validate Address** button.

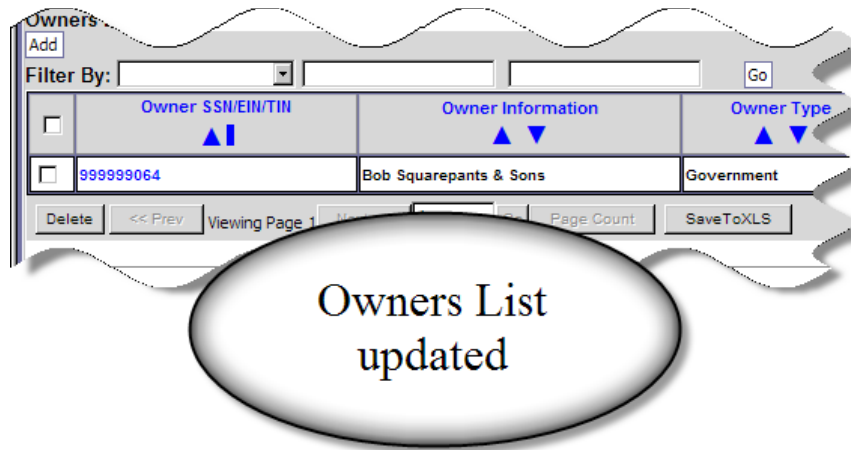
The screenshot shows a form with the following fields: Relationship, Start Date, End Date, Address Line 1, Address Line 2, Address Line, City/Town, State/Province, County, Country, Zip Code, and Phone Number. The Address Line 1 and Zip Code fields are highlighted with red boxes. A red oval callout with the text "Enter information in Address Line 1 and Zip Code fields" has arrows pointing to these two fields. A "Validate Address" button is located to the right of the form.

If CHAMPS recognizes the address, you will see a message appear in the middle of the page indicating “Address validation successful.” CHAMPS will also automatically format the address and zip code as well as populate the City/Town and County fields according to USPS standards.

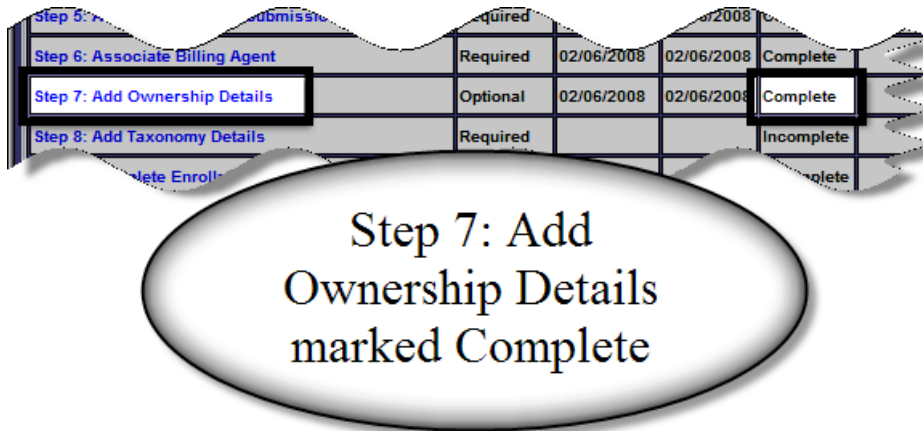


5. Complete the remaining required fields (marked with an asterisk) and any desired optional fields.

6. Click the **OK** button to return to the Owners List page, where you will see the added information.



7. If you have no other Owned Entities, click the **Close** button to return to the Business Process Wizard, where you will see Step 7: Add Ownership Details now marked complete.



8. If you need to add information about other entities, click the **Add Other Owned Entity** button.

**NOTE:** You only need to include those entities in which you own 5% or more of the entity.

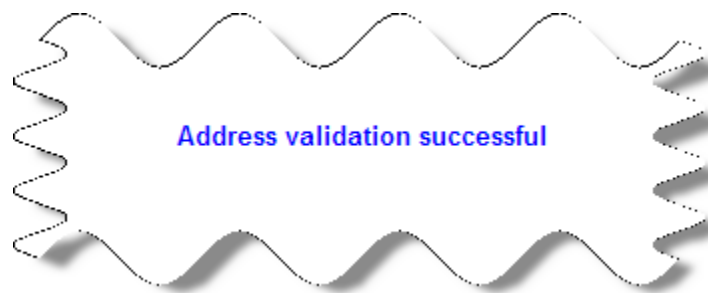


9. You will see the Ownership in Other Medicaid/Medicare Entities page appear. Complete the Address Line 1 field and the Zip Code field. Click the **Validate Address** button.

Relationship:   
Start Date:  \* End Date:   
Address Line 1:  Address Line 2:   
(Enter Street Address or PO Box Only)  
State/Province:  City/Town:   
Country:  United States \* County:   
Phone Number:  \* Zip Code:  -

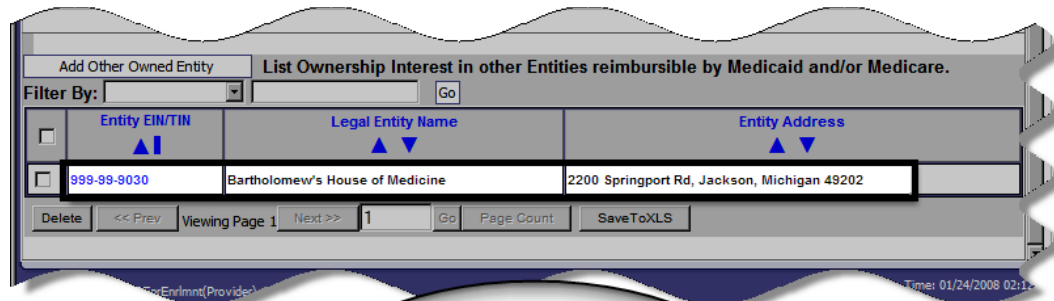
Enter information in  
Address Line 1 and Zip  
Code fields

If CHAMPS recognizes the address, you will see a message appear in the middle of the page indicating “Address validation successful.” CHAMPS will also automatically format the address and zip code as well as populate the City/Town and County fields according to USPS standards.



10. Complete the remaining required fields (marked with an asterisk) and any desired optional fields.

11. Click the **OK** button to return to the Owners List page where you will see the added information in the lower part of the screen.



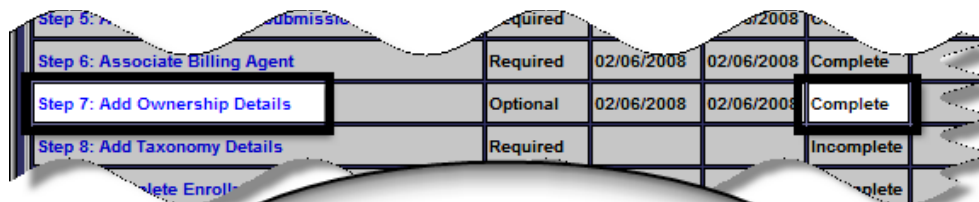
The screenshot shows the 'List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare' page. It includes a 'Filter By' dropdown, a 'Go' button, and a table with columns: Entity EIN/TIN, Legal Entity Name, and Entity Address. The table contains one row with the following data:

Entity EIN/TIN	Legal Entity Name	Entity Address
999-99-9030	Bartholomew's House of Medicine	2200 Springport Rd, Jackson, Michigan 49202

Below the table are buttons for 'Delete', '<< Prev', 'Viewing Page 1', 'Next >>', '1', 'Go', 'Page Count', and 'SaveToXLS'. The status bar at the bottom shows 'For Enrollm(Provider)' and 'Time: 01/24/2008 02:11'.

Added information  
in lower section of  
page

12. Click the **Close** button to return to the Business Process Wizard. Step 7: Add Ownership Details is now marked Complete. If it is not complete, click the Step 7: Add Ownership Details hyperlink to finish adding details.



Step 5: Associate Billing Agent	Required	02/06/2008	02/06/2008	Complete
Step 7: Add Ownership Details	Optional	02/06/2008	02/06/2008	Complete
Step 8: Add Taxonomy Details	Required			Incomplete

Step 7: Add  
Ownership Details  
marked Complete



## TOPIC H

### Taxonomy

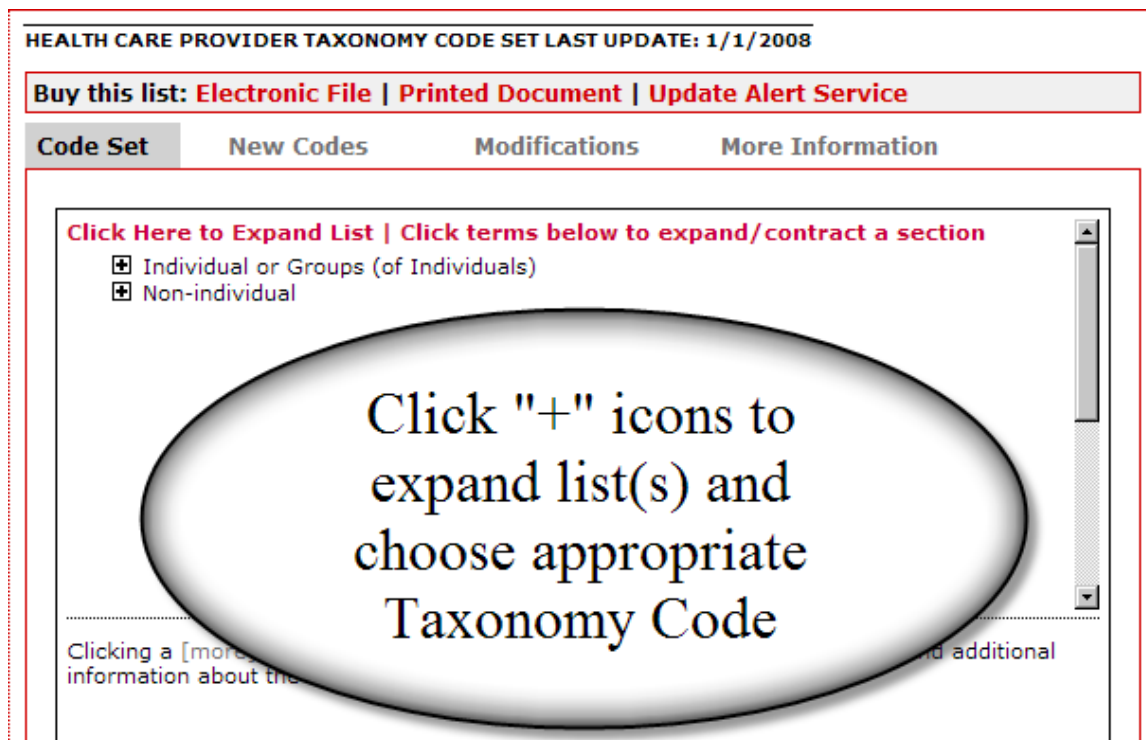
You now need to add your Taxonomy details.

1. Click the Step 8: Add Taxonomy Details hyperlink.



2. You will see the Taxonomy List page. Click the  button near the top of the page.
3. You will see the Add Taxonomy page. If you know your Taxonomy Code, enter the information in the **Taxonomy Code:**  field and click the  button.

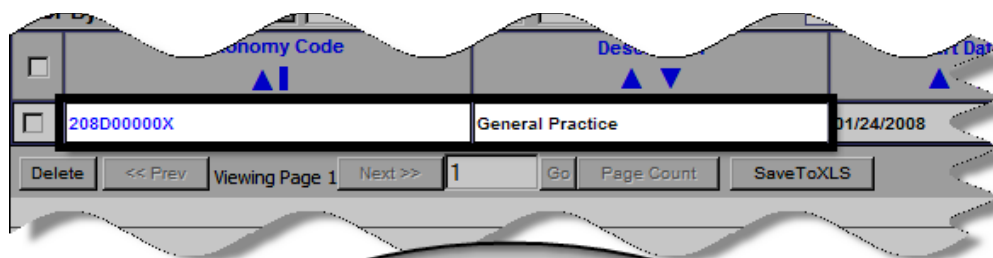
4. If you do **NOT** know your Taxonomy Code, click the thin arrow to the left of the note [\(Click here for Taxonomy List\)](#) next to the Taxonomy Code field. You will see a pop-up webpage with a list of Taxonomy Codes.



5. Find the appropriate Taxonomy Code on the page. You can either write down the code from this page and type it into the field on the Add Taxonomy page or you can highlight the code in the list, copy the information, and paste it into the **Taxonomy Code:**  field on the Add Taxonomy page.
6. Click the  button to fill in the CHAMPS Taxonomy Description.



7. Fill in the **Start Date:**  \* field with the current calendar date and, if necessary, fill in the Taxonomy End Date with the End Date of the Primary Practice Location.
8. Click the  button to return to the Taxonomy List page, where you will now see the added information.



Taxonomy List  
page displays  
added information

9. Click the  button to return to the Business Process Wizard. Step 8: Add Taxonomy Details is now marked as Complete. If it is not complete, click the Step 8: Add Taxonomy Details hyperlink to finish entering details.

Step 6: Assign Agent	Required	02/06/2008	02/06/2008	Complete
Step 7: Add Ownership Details	Optional	02/06/2008	02/06/2008	Complete
Step 8: Add Taxonomy Details	Required	02/06/2008	02/06/2008	Complete
Step 9: Complete Enrollment Checklist	Required			Incomplete

Step 8: Add  
Taxonomy Details  
marked Complete

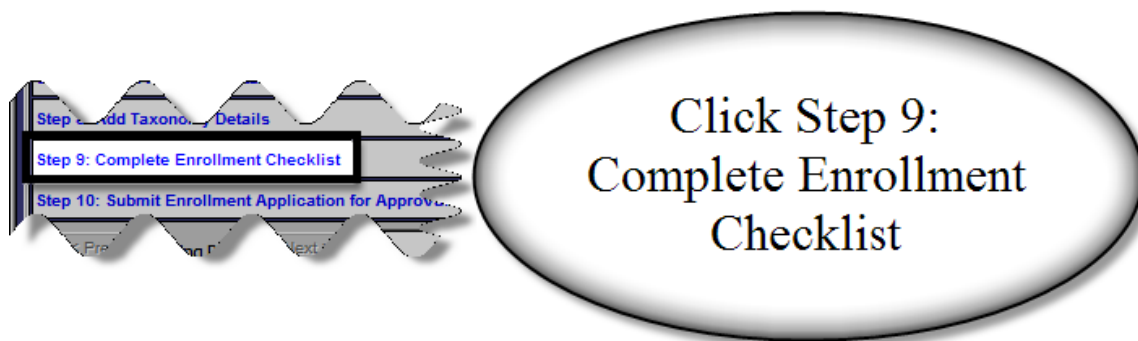


## TOPIC I

### Enrollment Checklist

You now need to complete the enrollment checklist. This is a list of Yes/No questions for you to answer.

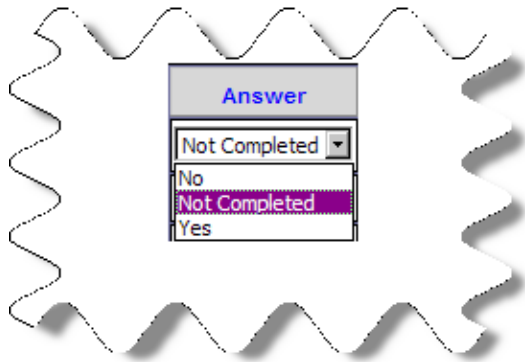
1. Click the Step 9: Complete Enrollment Checklist hyperlink.



2. You will see the Provider Checklist page. Read each question on the page.

Question	Answer	Comments
Do you need to request a Retro Enrollment Date? If Yes, enter the requested Retro Enrollment Date in the comment field.	Not Completed	
Are you currently excluded from any State program?	Not Completed	
Are you currently excluded from any Federal program?	Not Completed	
Have you ever had a criminal or health-related conviction?	Not Completed	
Have you ever had a judgment under any false claims act?	Not Completed	
Have you ever had a program exclusion/debarment?	Not Completed	
Have you ever had civil monetary penalty?	Not Completed	
Are you applying as a Private Duty Nurse (LPN/RN) for private duty services?	Not Completed	
Do you have ownership interest in other entities reimbursed by Medicare? If Yes, provide details in "Add Ownership" field.	Not Completed	

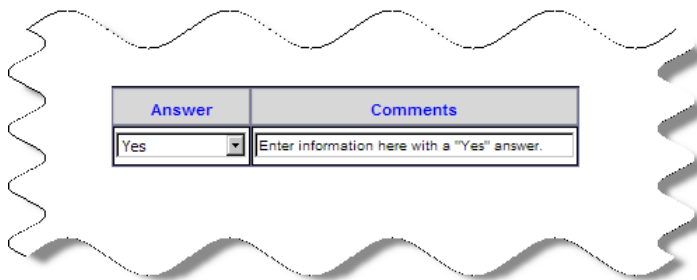
3. Select either Yes or No in the Answer drop-down list.



Answer
Not Completed
No
Not Completed
Yes


Select an  
answer from  
the drop-down  
list

4. If you answer Yes to any but the last two (2) questions, you **MUST** provide additional information in the Comments field.



Answer	Comments
Yes	Enter information here with a "Yes" answer.

Provide comments  
for "Yes" answers to  
any but the last two  
(2) questions

5. After you answer all of the questions, click the  button.



6. Click the  button to return to the Business Process Wizard, where you will see Step 9: Complete Enrollment Checklist marked Complete. If it is not complete, click the Step 9: Complete Enrollment Checklist and finish entering details.

Step 8: Add Family Details	Required	02/06/2008	02/06/2008	Complete
Step 9: Complete Enrollment Checklist	Required	02/06/2008	02/06/2008	Complete
Step 10: Submit Enrollment Application for Approval	Required	02/06/2008		

Step 9: Complete Enrollment Checklist marked Complete

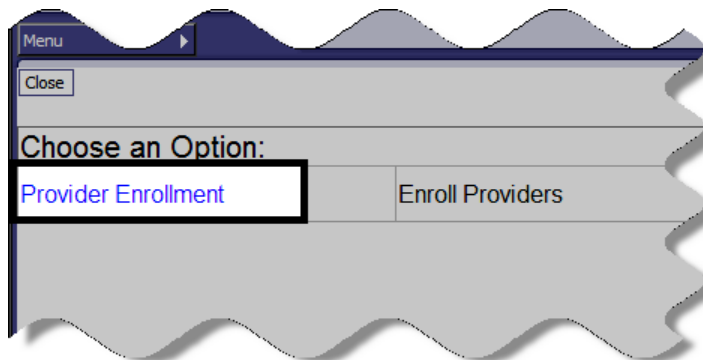
## TOPIC J

### Modify Application in Process

After you start the enrollment process, you have thirty (30) calendar days to complete your application. If you do NOT complete your application within thirty (30) calendar days of the original start date, your information will be deleted and you will have to start again.

If you are unable to complete the application process, you have the ability to return to an enrollment application, as long as it is within thirty (30) calendar days of the original start date. A second enrollment application for that NPI/Tax-ID combination cannot be started during this 30-day period.

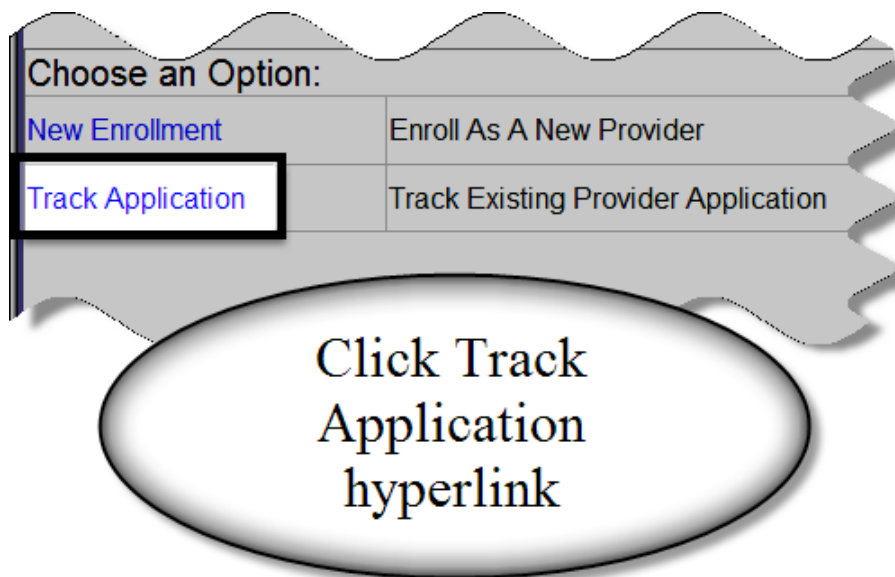
1. To modify an existing enrollment application that has NOT been submitted, click the Provider Enrollment hyperlink on the Provider tab.



Click Provider  
Enrollment  
hyperlink



2. Click the Track Application hyperlink.



3. Enter your Provider Application ID number into the **Application ID:**  \* field.
4. Press the  button.



5. The Business Process Wizard will appear. Click any of the Step hyperlinks to continue the application process or to edit any Steps as needed.

Enroll Provider - FAO:

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	02/06/2008	02/06/2008	Complete	
<a href="#">Step 2: Add Locations</a>	Required	02/06/2008	02/06/2008	Complete	
<a href="#">Step 3: Add Specialties</a>	Required	02/06/2008	02/06/2008	Complete	
<a href="#">Step 4: Add Licenses and Certifications</a>	Required	02/06/2008	02/06/2008	Complete	
<a href="#">Step 5: Add Mode of Claim Submission</a>	Required	02/06/2008	02/06/2008	Complete	
<a href="#">Step 6: Associate Billing Agent</a>	Required	02/06/2008	02/06/2008	Complete	
<a href="#">Step 7: Add Ownership Details</a>	Optional	02/06/2008	02/06/2008	Complete	
<a href="#">Step 8: Add Taxonomy Details</a>	Required	02/06/2008	02/06/2008	Complete	
<a href="#">Step 9: Complete Enrollment Checklist</a>			02/06/2008	Complete	
<a href="#">Step 10: Submit Enrollment Application for Approval</a>				Incomplete	

<< Prev Viewing Page 1 Next >> Go Page

Click any of the Step hyperlinks to make changes



## TOPIC K

### Submit Application

After you have completed all of the required steps on the Business Process Wizard, your enrollment application is ready to be submitted.

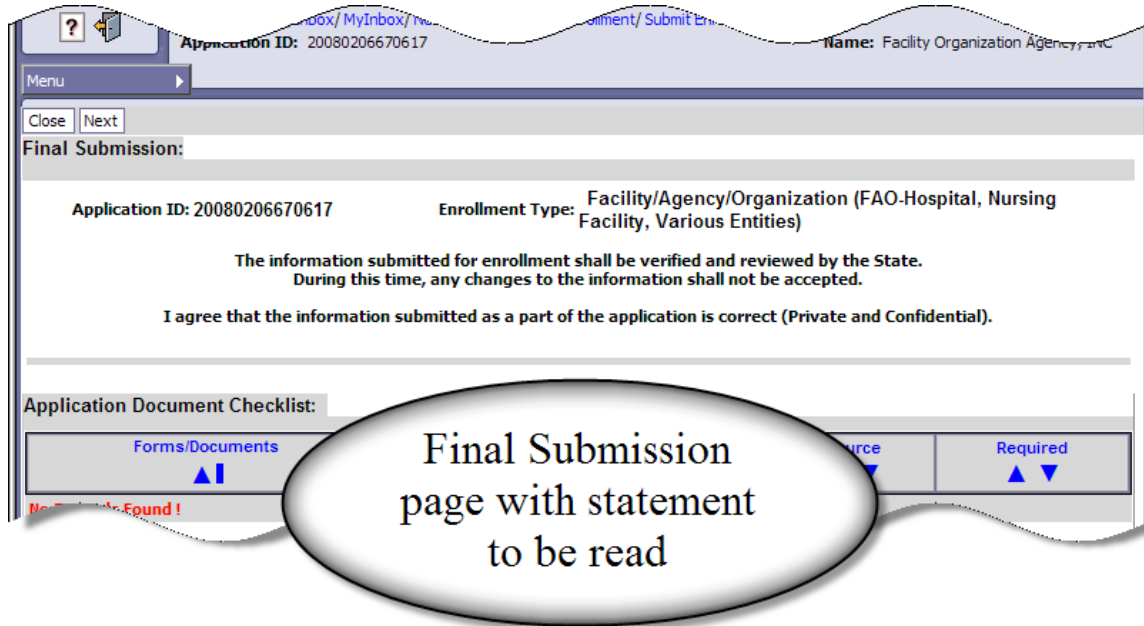
**NOTE:** Once you submit your enrollment application to the State for approval, you will **NOT** be able to make any changes to the information in your application until it has been approved.

To submit your enrollment application, you need to do the following:

1. Click the Step 10: Submit Enrollment Application for Approval hyperlink.



2. You will see the Final Submission page. On it will be your Application ID number and your Enrollment Type. There is a brief statement on this page that you will need to read.



Application ID: 20080206670617      Name: Facility Organization Agency, LLC

Menu

Close Next

**Final Submission:**

**Application ID:** 20080206670617      **Enrollment Type:** Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)

The information submitted for enrollment shall be verified and reviewed by the State.  
During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct (Private and Confidential).

**Application Document Checklist:**

Forms/Documents	Source	Required
▲	▼	▲ ▼

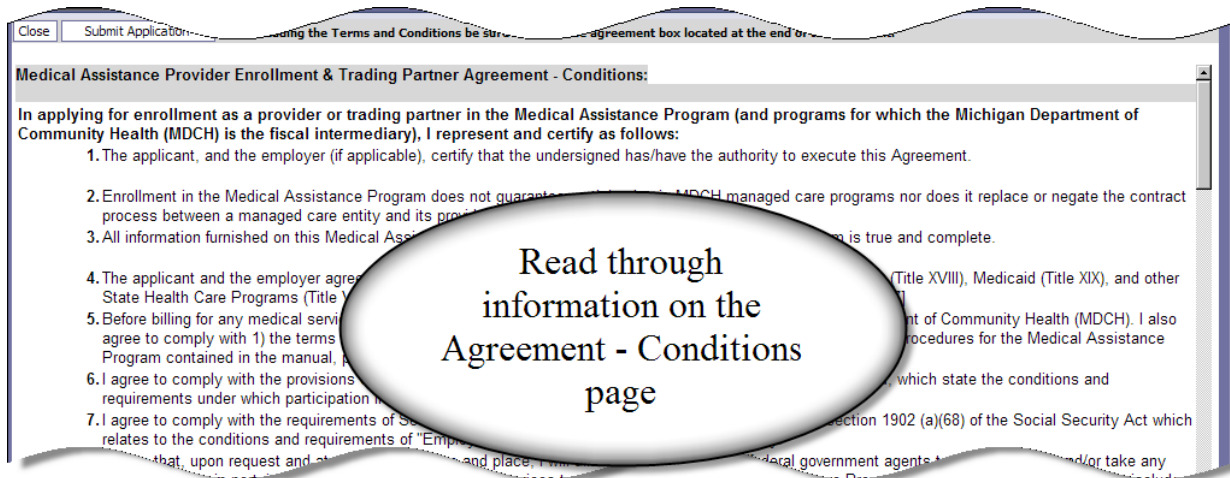
No Documents Found!

**Final Submission page with statement to be read**

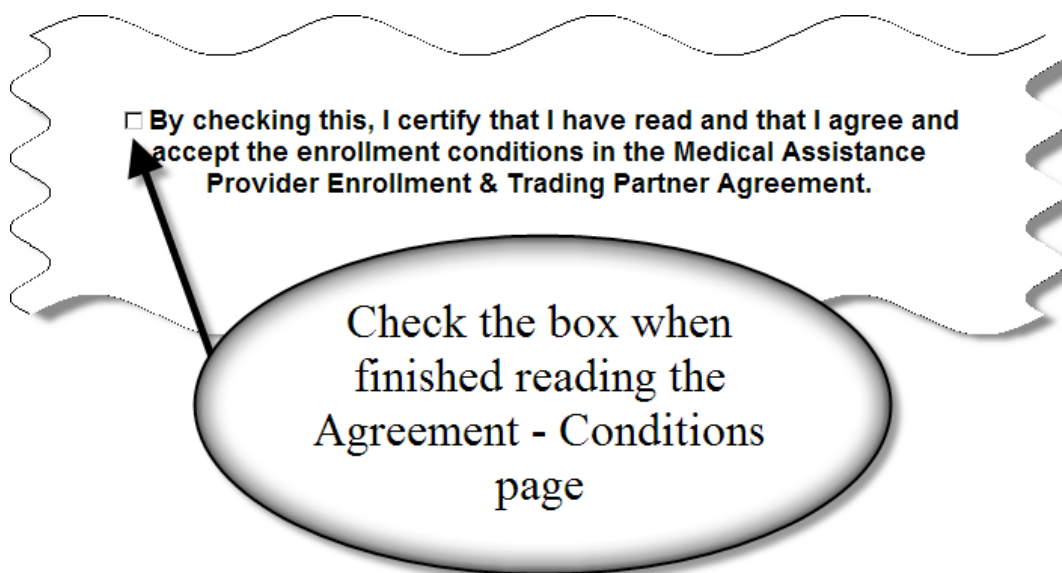
3. Click the **Next** button.



4. You will see the Medical Assistance Provider Enrollment & Trading Partner Agreement – Conditions page. Read through this information carefully.

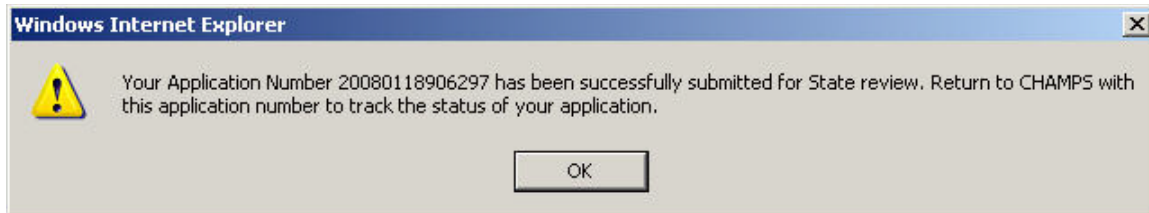


5. At the bottom of the page, after you have read the information, click the box in front of the statement that reads, “By checking this, I certify that I have read and that I agree and accept the enrollment conditions in the Medical Assistance Provider Enrollment & Trading Partner Agreement.”





6. Click the  button at the top of the page.
7. You will see a pop-up message indicating your application was successfully submitted for State review. Click the OK button to close the pop-up message.



Click OK to close  
the message window



8. Click the  button to return to the Business Process Wizard, where you will see Step 10: Submit Enrollment Application for Approval marked as Complete. If it is not complete, click the Step 10: Submit Enrollment Application for Approval hyperlink to finish entering details.

Step 8: Add Family Details		02/06/2008	02/06/2008	Complete
Step 9: Complete Enrollment Checklist	Required	02/06/2008	02/06/2008	Complete
Step 10: Submit Enrollment Application for Approval	Required	02/06/2008	02/06/2008	Complete

<< Prev Viewing Page 1 Next >> | Go Page Count SaveToXLS

Step 10: Submit  
Enrollment Application  
for Approval marked  
Complete



## LESSON 4 – MANAGE PROVIDER RECORD



## **LESSON 4 – MANAGE PROVIDER RECORD**

### **Introduction**

Once your enrollment application has been approved by MDCH it becomes your Provider Record. Your Provider Record can be changed if you need to add new information (like a new Specialty) or if you need to edit the existing information (like your Mode of Claim Submission).

Any changes you make to your Provider Record will be submitted to the State as a Modification Request. If you submit a Modification Request to the State, you will be unable to make changes to your Provider Record until the request has been approved.

### **Lesson Objectives**

In this lesson you will learn how to manage your Provider Record and submit Modification Requests. You will:

- Select a domain
- Access the Provider Portal
- Manage a Provider Record
- Submit a Modification Request

### **Lesson Topics**

- Topic A – Selecting a Domain
- Topic B – Provider Portal Overview
- Topic C – Manage Provider Record
- Topic D – Submit Modification Request

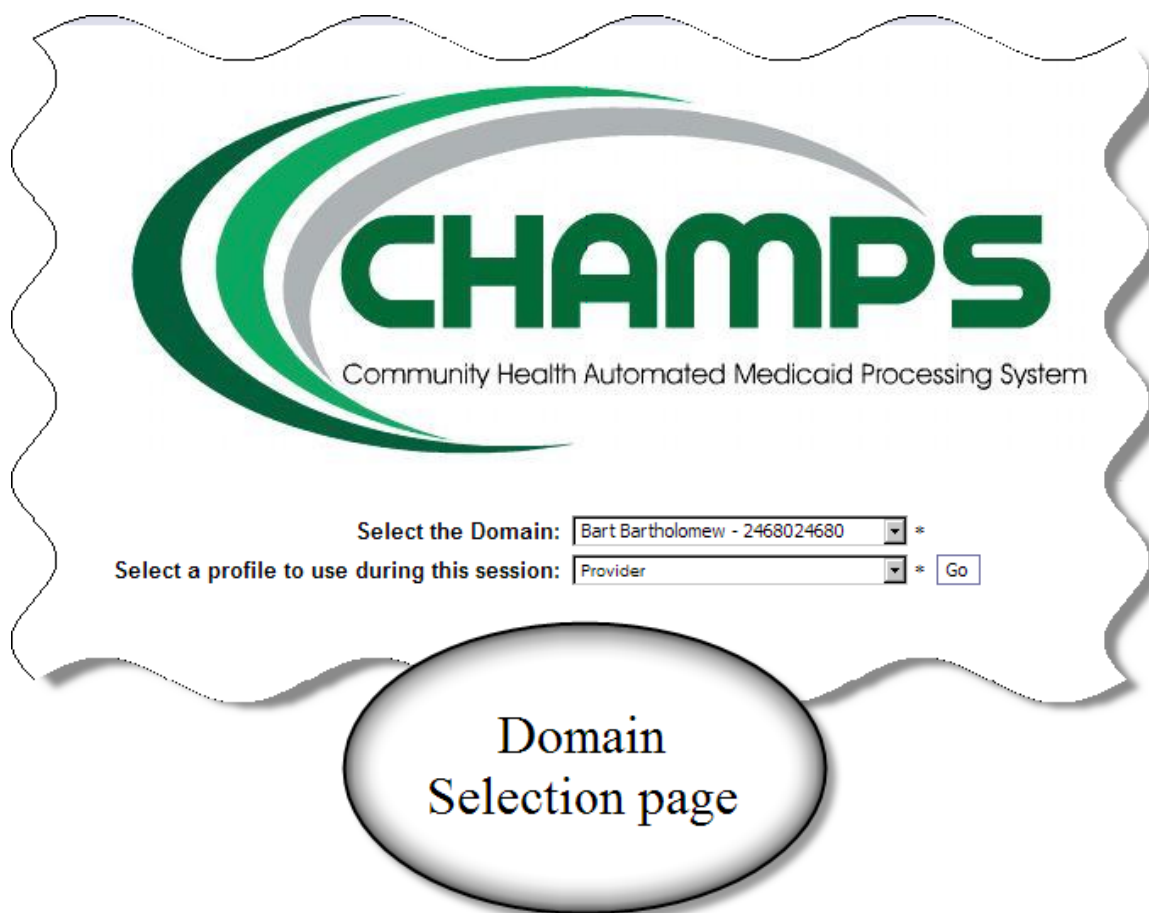


## TOPIC A

### Selecting a Domain

Once your enrollment application has been approved by the State, the page you see when you log into CHAMPS will look different.

If you have more than one Provider Record to maintain, you will see a Domain selection page when you first log into the CHAMPS website.





To select a Domain, you will need to do the following:

1. Click on the Select the Domain drop-down menu and select a Provider/NPI from the list.

Select the Domain:  \*

Bart Bartholomew - 2468024680 \*

Jake Smith - 1234567890

Roger Rabbitt - 2345678901

Allen Baker - 3456789012

**Select a Domain**

2. Click on the Select a profile drop-down menu and select an option.

Select the Domain:  \*

Select a profile to use during this session:  \*

Provider

Provider Domain Admin

Provider View Only

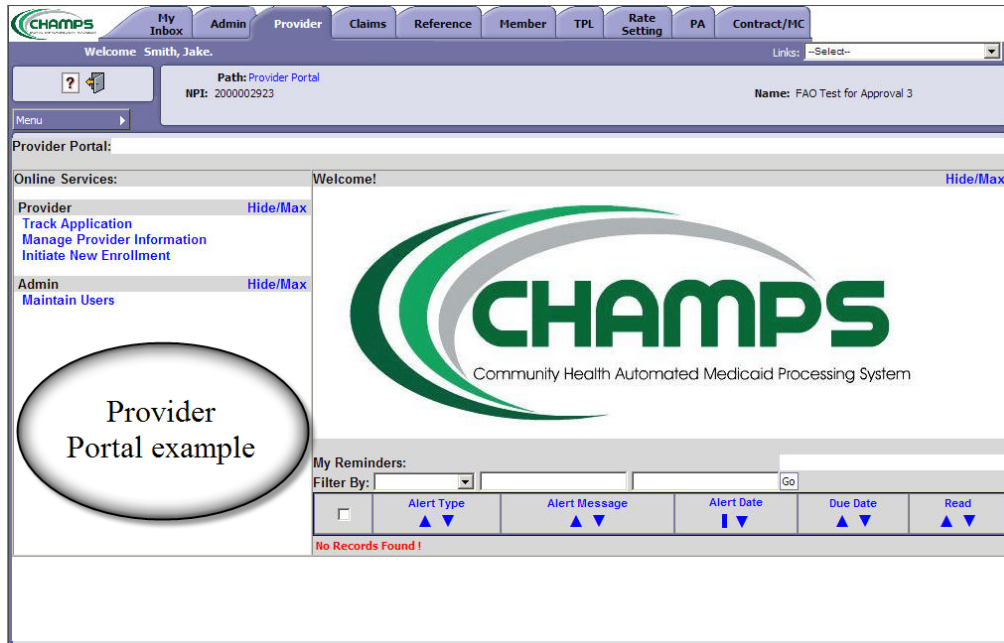
**Select a Profile**

Go

3. Click the  button.



4. You will see the Provider Portal page.



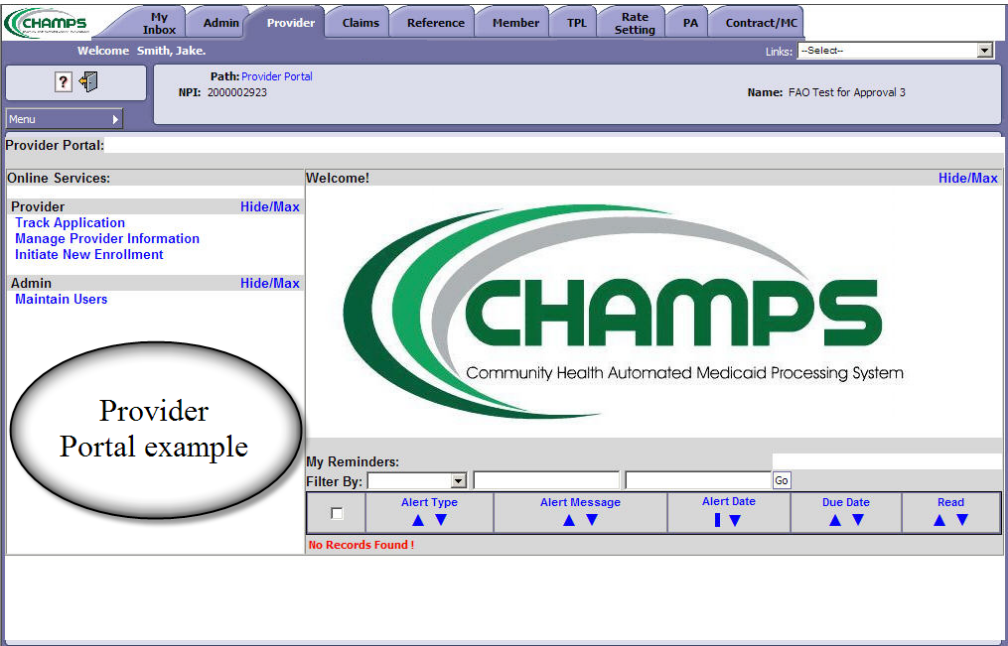


TOPIC B

Provider Portal Overview

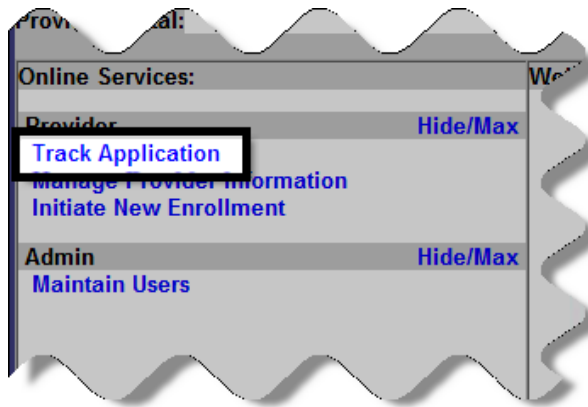
The Provider Portal page gives you a variety of options. This is the page you will see when you log into CHAMPS if you do NOT have more than one Provider Record to maintain.

**NOTE:** The hyperlinks described in this lesson may not be accessible to all users depending on their profile(s) in CHAMPS.



There are different hyperlinks on the Provider Portal.

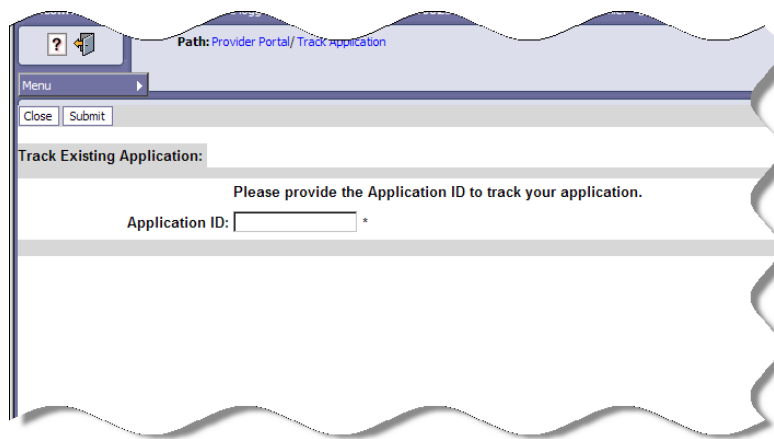
## Track Application



Click Track  
Application  
hyperlink

Clicking the Track Application hyperlink takes you to a page that allows you to enter an Application ID to either track the progress of a submitted enrollment application or to continue with the completion of a non-submitted enrollment application.

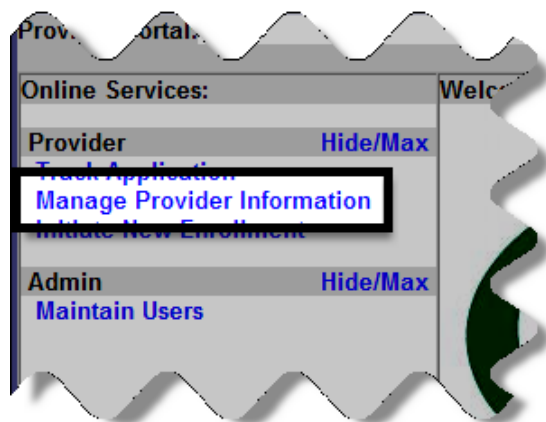
After clicking the Track Application hyperlink, you will see the Track Existing Application page.



Enter  
Application ID

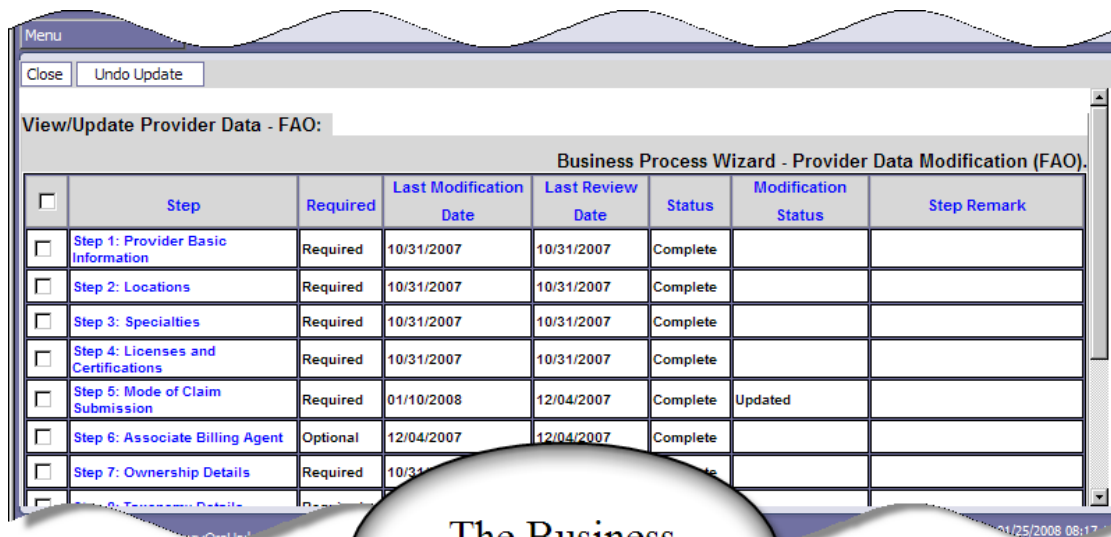


## Manage Provider Information



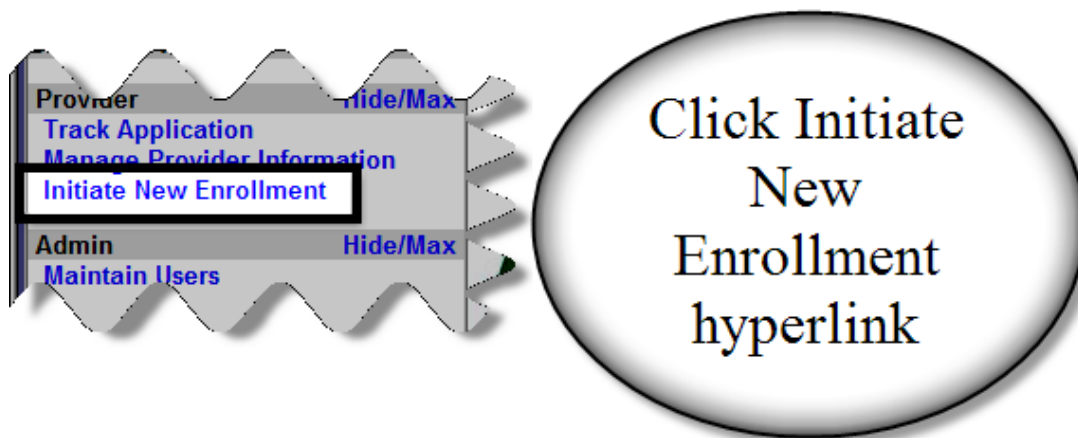
Click Manage  
Provider  
Information  
hyperlink

Clicking the Manage Provider Information hyperlink will take you to the Business Process Wizard for the Provider Record.

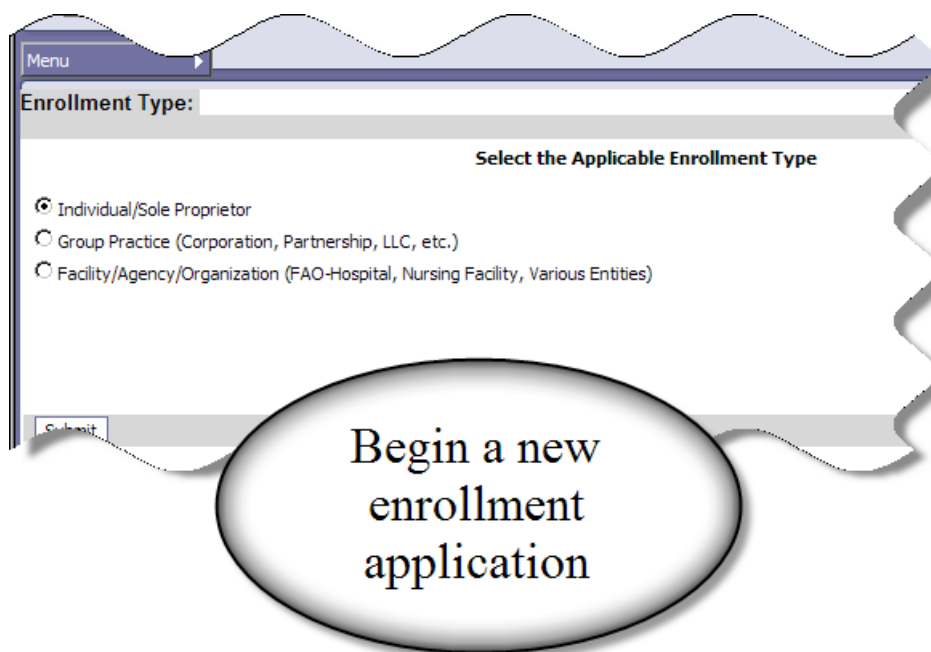


The Business  
Process Wizard

## Initiate New Enrollment

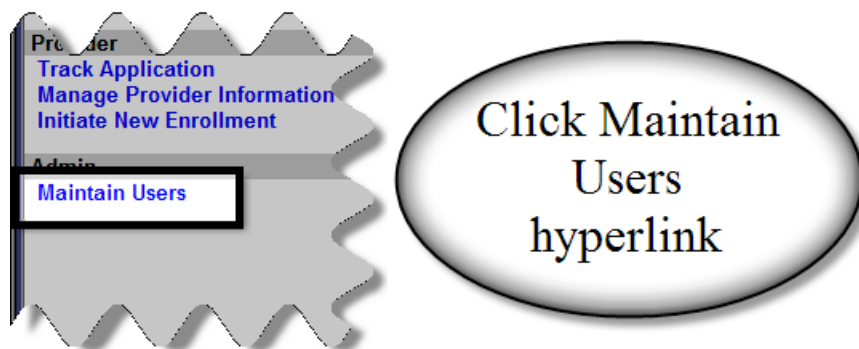


Clicking the Initiate New Enrollment hyperlink will take you to a page that allows you to start a new enrollment application for an Individual/Sole Proprietor, a Group Practice, or a Facility/Agency/Organization.

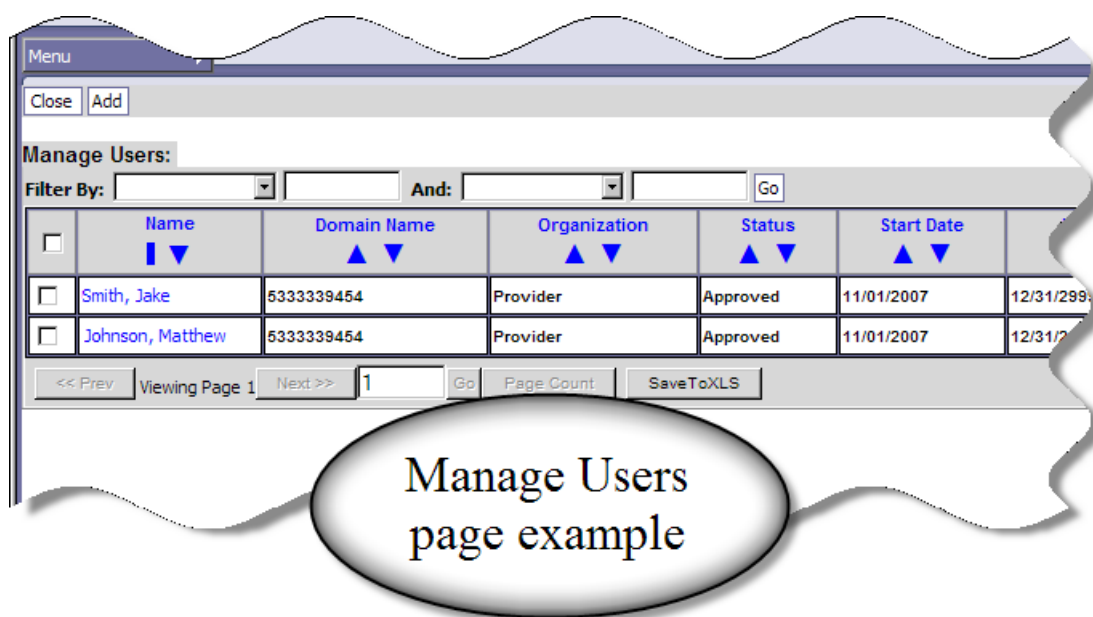




## Maintain Users



Clicking the Maintain Users hyperlink will take you to the Manage Users page, where users are listed. Clicking the Name hyperlinks will allow you to make changes to user's access.



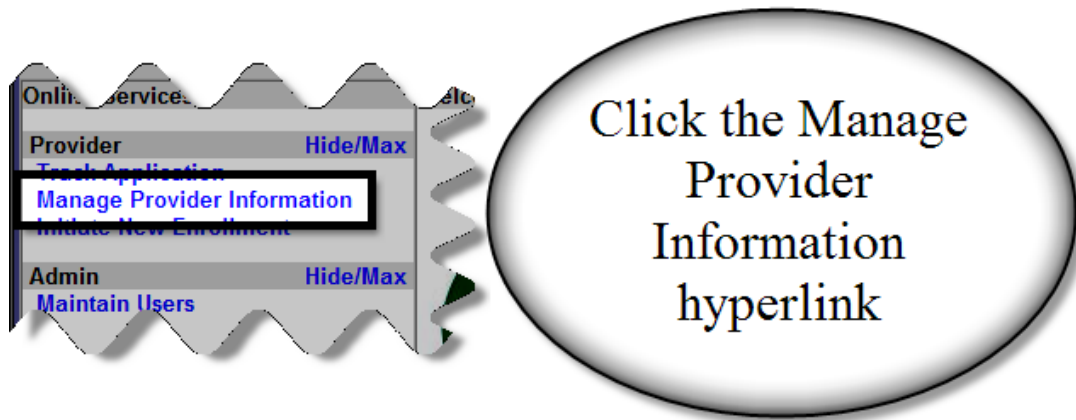
## TOPIC C

### Manage Provider Record

After your enrollment application has been accepted by the State, you have the ability to make changes to the information in your Provider Record.

**NOTE:** If you make a modification to your Provider Record and do NOT submit those changes within seven (7) calendar days, the system will delete or purge the changes.

1. Click the Manage Provider Information hyperlink.





- You will see the Business Process Wizard for the Provider Record. Click on the Step hyperlink to make changes to the information on record.

<input type="checkbox"/>	Step	Required	Last Modification Date	Last
<input type="checkbox"/>	<a href="#">Step 1: Provider Basic Information</a>	Required	10/31/2007	10/31/2007
<input type="checkbox"/>	<a href="#">Step 2: Locations</a>	Required	10/31/2007	10/31/2007
<input type="checkbox"/>	<a href="#">Step 3: Specialties</a>	Required	10/31/2007	10/31/2007
<input type="checkbox"/>	<a href="#">Step 4: Licenses and Certifications</a>	Required	10/31/2007	10/31/2007
<input type="checkbox"/>	<a href="#">Step 5: Mode of Claim Submission</a>	Required	01/10/2008	12/04/2007
<input type="checkbox"/>	<a href="#">Step 6: Associate Billing Agent</a>	Optional	12/04/2007	12/04/2007
<input type="checkbox"/>	<a href="#">Step 7: Ownership Details</a>	Optional	10/31/2007	10/31/2007

Click a Step  
hyperlink to  
make changes

- You have the option to either end-date the current information (for example an association with a Billing Provider) or to alter the current information (for example your Mode of Claim Submission).

## TOPIC D

### Submit Modification Request

After you have made changes to the information in your Provider Record, you need to submit a modification request to the State to update your information.

**NOTE:** When your modification request has been submitted to the State, you will only be able to view your Provider Record until those modifications have been approved by the State. You will also be unable to make any additional changes to your Provider Record until those modifications have been approved.

1. Click the Complete Modification Checklist hyperlink.



Click Complete  
Modification  
Checklist



2. You will see the Manage Provider Checklist page with a list of questions. Answer the questions using the drop-down list for each.

Question	Answer
Do you need to request a Retro Enrollment Date? If Yes, enter the requested Retro Enrollment Date in the comment field.	Yes No Not Completed Yes
Do you accept new patients?	

Select an answer to each question

3. If you answer Yes to the question about “Retro Enrollment Date,” you need to provide additional information in the “Comments” section.

Answer	Comments
Yes	
No	

Provide additional information in Comments for Yes answer

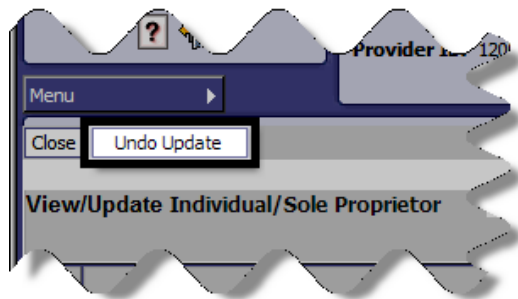
4. Click the **Save** button after you have answered each question.
5. Click the **Close** button to return to the Business Process Wizard where the Complete Modification Checklist step will be marked Complete.

<input type="checkbox"/>	Step 8: Tax Details	Required	10/31/2007	10/31/2007	Complete	
<input type="checkbox"/>	Step 9: View Servicing Provider Details	Optional	10/31/2007	10/31/2007	Complete	
<input type="checkbox"/>	Step 10: Complete Modification Checklist	Required	01/25/2008	12/17/2007	Complete	Updated
<input type="checkbox"/>	Step 11: Submit Modification Request for Review	Required	10/31/2007	10/31/2007	Incomplete	Not been...

Complete  
Modification  
Checklist marked  
Complete

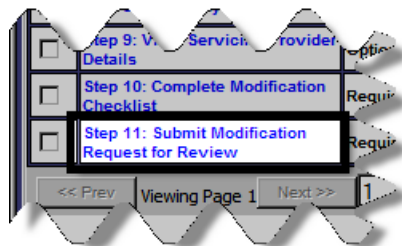


**NOTE:** If updates were made in error, you can mark the incorrect update by checking the box to the left of the step and clicking the [Undo Update](#) button. The Modification Status of the marked step will change to a blank field and modifications will be removed.



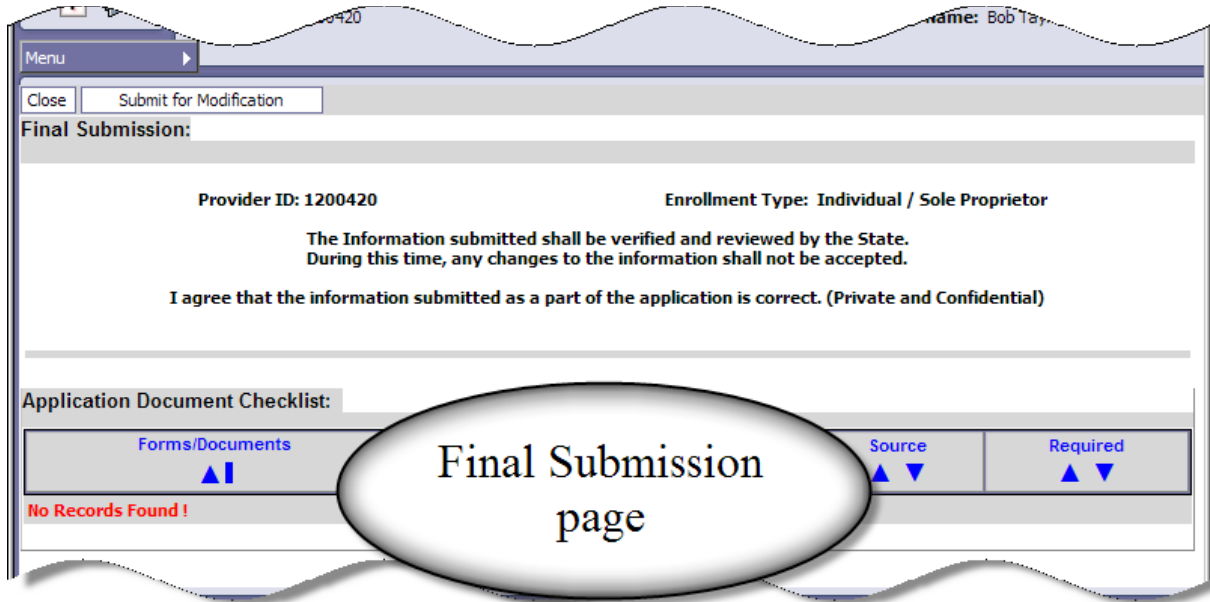
Click Undo  
Update button to  
remove changes  
made in error

- Click the Submit Modification Request for Review hyperlink.



Click Submit  
Modification  
Request for  
Review

7. You will see the Final Submission page. Click the  button.



Menu

Close

**Final Submission:**

Provider ID: 1200420 Enrollment Type: Individual / Sole Proprietor

The Information submitted shall be verified and reviewed by the State.  
During this time, any changes to the information shall not be accepted.

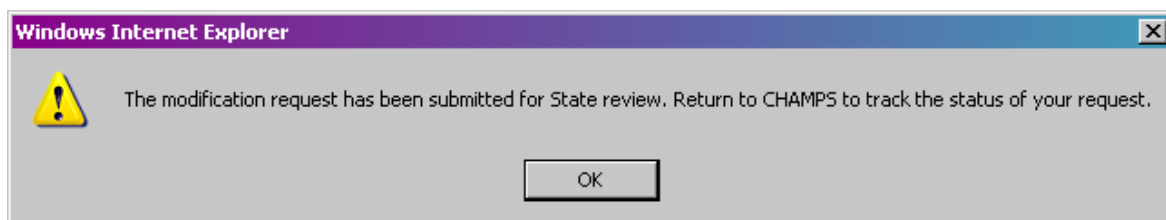
I agree that the information submitted as a part of the application is correct. (Private and Confidential)

**Application Document Checklist:**

Forms/Documents	Source	Required
▲	▲ ▼	▲ ▼
No Records Found !		

**Final Submission page**

8. You will see a pop-up message indicating your Modification Request was submitted. Click the OK button to close the pop-up window.





9. You will be returned to the Business Process Wizard where you will see the Modification Status updated to In Review and Step 11: Submit Modification Request for Review marked Complete.

<input type="checkbox"/>	Step 8: Tax...	Required	03/11/2008	03/11/2008	Complete	
<input type="checkbox"/>	Step 9: View Servicing Provider Details	Optional	03/11/2008	03/11/2008	Complete	
<input type="checkbox"/>	Step 10: Complete Modification Checklist	Required	03/27/2008	03/11/2008	Complete	In Review
<input type="checkbox"/>	Step 11: Submit Modification Request for Review	Required	03/11/2008	03/11/2008	Complete	

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Page ID: pgBPWFacilityAgencyOrgUpdate(Provider) CHAMPS (Build: [Build]) Server Time: 03/27 EDT

Step 11: Submit  
Modification Request for  
Review marked Complete  
- In Review status

10. Click the  button to return to the Provider Portal.



## APPENDIX A – ACRONYMS AND ABBREVIATIONS



## APPENDIX A – ACRONYMS AND ABBREVIATIONS

Acronym / Abbreviation	Definition
BPW	Business Process Wizard
CHAMPS	Community Health Automated Medicaid Processing System
DDE	Direct Data Entry
DEG	Data Exchange Gateway
EIN	Employer ID Number
ePHI	Electronic Protected Health Information
FAO	Facility, Agency, Organization
HIPAA	Health Insurance Portability and Accountability Act
ID	Identification
MAIN	Michigan Administrative Information Network
MCO	Managed Care Organization
MDCH	Michigan Department of Community Health
MMIS	Medicaid Management Information System
NPI	National Provider Identifier
PE	Provider Enrollment
PHI	Protected Health Information
P.O.	Post Office
SSN	Social Security Number



Acronym / Abbreviation	Definition
SSO	Single Sign-On
URL	Uniform Resource Locator, Web Address
USPS	United States Postal Service
XLS	Excel Spreadsheet

## CHAMPS HOTLINE INFORMATION

Please direct any questions or concerns about CHAMPS to the CHAMPS Hotline.

- Phone – 1-888-643-2408
- E-mail – [CHAMPS@michigan.gov](mailto:CHAMPS@michigan.gov)



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